

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0186	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 5/29/2009 TIME 13:27

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

RIVERSIDE MEDICAL CENTER 14-0186

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 5/29/2009 TIME 13:27

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PI ENCRYPTION INFORMATION

DATE: 5/29/2009 TIME 13:27

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

FILE COPY

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	-27,261	-475,038	0	
2 .01 SUBPROVIDER II	0	188	0	0	
7 HOSPITAL-BASED HHA	0	0	0	0	
9 RHC	0	0	-224	0	
100 TOTAL	0	-27,073	-475,262	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 350 NORTH WALL STREET P.O. BOX:
1.01 CITY: KANKAKEE STATE: IL ZIP CODE: 60901- COUNTY: USA

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6
02.00 HOSPITAL	RIVERSIDE MEDICAL CENTER	14-0186		1/ 1/1966	N P O
03.01 SUBPROVIDER 2	RIVERSIDE MEDICAL CENTER - RHB	14-T186		1/ 1/1984	N P O
09.00 HOSPITAL-BASED HHA	RIVERSIDE MEDICAL CENTER - HHA	14-7400		1/ 1/1984	N P N
14.00 HOSPITAL-BASED RHC	PEMBROKE RURAL HEALTH CLINIC	14-3976		1/ 1/1987	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER
20.01 SUBPROVIDER II 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y N

3/136

WITH 42 CFR 412.320? (SEE INSTRUCTIONS)
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE:
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 3,434,152
PAID LOSSES: 894,964
AND/OR SELF INSURANCE: 3,434,152
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
	N	0.00		0
		0.00		0
		0.00		0
		0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

IN LIEU OF FORM CMS-2552-96 (12/2008) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET S-2
I I TO 12/31/2008 I

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) N 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET S-3
I TO 12/31/2008 I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	223	81,618			24,122		13,002
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	223	81,618			24,122		13,002
6	INTENSIVE CARE UNIT	11	4,026			2,141		95
7	CORONARY CARE UNIT	15	5,490			2,194		721
11	NURSERY							1,609
12	TOTAL	249	91,134			28,457		15,427
13	RPCH VISITS							
14	SUBPROVIDER							
14	01 SUB II - REHAB	19	6,954			3,805		244
18	HOME HEALTH AGENCY					18,138		1,068
24	RHC					234		
25	TOTAL	268						
26	OBSERVATION BED DAYS							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS					2,554		
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED NOT ADMITTED		O/P VISITS TOTAL ALL PATS	TRIPS TOTAL OBSERVATION BEDS ADMITTED NOT ADMITTED		INTERNS & RES. FTES LESS I&R REPL NON-PHYS ANES	
1	ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2	HMO			53,598				
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			53,598				
6	INTENSIVE CARE UNIT			3,437				
7	CORONARY CARE UNIT			3,412				
11	NURSERY			2,905				
12	TOTAL			63,352				
13	RPCH VISITS							
14	SUBPROVIDER							
14	01 SUB II - REHAB			5,026				
18	HOME HEALTH AGENCY			22,958				
24	RHC			1,979				
25	TOTAL							
26	OBSERVATION BED DAYS			313	5	308		
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					5,782	3,036	14,197
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS					5,782	3,036	14,197
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
11	NURSERY							
12	TOTAL							
13	RPCH VISITS							
14	SUBPROVIDER							
14	01 SUB II - REHAB					335	20	459
18	HOME HEALTH AGENCY							
24	RHC							
25	TOTAL							
26	OBSERVATION BED DAYS							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	81,610,148	957,266	82,567,414	2,876,718.00	28.70	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	382,183		382,183	4,898.00	78.03	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	17,912,756	258,182	18,170,938	424,011.00	42.85	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	1,655,228		1,655,228	19,486.00	84.94	SEE VAR SUPPORTING DOCUM
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						SEE VAR SUPPORTING DOCUM
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	867,077		867,077	5,233.00	165.69	SEE SUPPORTING DOCUMENTS
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	16,368,043		16,368,043			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	3,637,247		3,637,247			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	71,044		71,044			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	579,531		579,531	20,351.00	28.48	
22	ADMINISTRATIVE & GENERAL	10,419,152	1,499,151	11,918,303	406,885.00	29.29	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	1,214,017	16,913	1,230,930	46,716.00	26.35	
24	OPERATION OF PLANT	372,275	18,212	390,487	22,147.00	17.63	
25	LAUNDRY & LINEN SERVICE	419,674	1,322	420,996	34,331.00	12.26	
26	HOUSEKEEPING	1,433,724	13,185	1,446,909	108,904.00	13.29	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,264,889	-783,179	481,710	41,522.00	11.60	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		787,255	787,255	68,439.00	11.50	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	2,161,048	-1,458,127	702,921	29,240.00	24.04	
31	CENTRAL SERVICE AND SUPPLY	293,119	2,923	296,042	16,888.00	17.53	
32	PHARMACY	1,864,887	-1,864,887				
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,091,115	15,775	1,106,890	59,870.00	18.49	
34	SOCIAL SERVICE	799,090	-554,735	244,355	8,097.00	30.18	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	81,227,965	957,266	82,185,231	2,871,820.00	28.62	
2	EXCLUDED AREA SALARIES	17,912,756	258,182	18,170,938	424,011.00	42.85	
3	SUBTOTAL SALARIES	63,315,209	699,084	64,014,293	2,447,809.00	26.15	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	2,522,305		2,522,305	24,719.00	102.04	
5	SUBTOTAL WAGE-RELATED COSTS	16,368,043		16,368,043		25.57	
6	TOTAL	82,205,557	699,084	82,904,641	2,472,528.00	33.53	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	21,912,521	-2,306,192	19,606,329	863,390.00	22.71	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET S-4
I HHA NO:	I TO 12/31/2008	I
I 14-7400	I	I
COUNTY:	KANKAKEE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,863	18	200
2 UNDUPLICATED CENSUS COUNT		1,139.00	77.00	176.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,081
2 UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	
5 OTHER ADMINISTRATIVE PERSONEL	
6 DIRECTING NURSING SERVICE	
7 NURSING SUPERVISOR	
8 PHYSICAL THERAPY SERVICE	
9 PHYSICAL THERAPY SUPERVISOR	
10 OCCUPATIONAL THERAPY SERVICE	
11 OCCUPATIONAL THERAPY SUPERVISOR	
12 SPEECH PATHOLOGY SERVICE	
13 SPEECH PATHOLOGY SUPERVISOR	
14 MEDICAL SOCIAL SERVICE	
15 MEDICAL SOCIAL SERVICE SUPERVISOR	
16 HOME HEALTH AIDE	
17 HOME HEALTH AIDE SUPERVISOR	
18	
HOME HEALTH AGENCY MSA CODES	1 1.01
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1 0
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	3760

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA	PEP ONLY
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4
21 SKILLED NURSING VISITS	7,176	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0	0
23 PHYSICAL THERAPY VISITS	6,538	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0	0
25 OCCUPATIONAL THERAPY VISITS	1,191	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	196	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	11	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	1,863	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	16,975	0	0	0
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0	0
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,256	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

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HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET S-4
I HHA NO:	I TO 12/31/2008	I
I 14-7400	I	I
COUNTY:	KANKAKEE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	7,176
22 SKILLED NURSING VISIT CHARGES	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	6,538
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	1,191
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	196
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	11
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	1,863
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	16,975
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	1,256
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER IN LIEU OF FORM CMS-2552-96 S-8 (09/2000)

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER PROVIDER STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0186 PERIOD: 1/1/2008 TO 12/31/2008 PREPARED 6/1/2009 WORKSHEET S-8

COMPONENT NO: 14-3976 COUNTY: KANKAKEE

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 3400 SOUTH MAIN
 1.01 CITY: HOPKINS PARK STATE: IL ZIP CODE: 60944 COUNTY: KANKAKEE
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)
 4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)
 5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)
 6 APPALACHIAN REGIONAL COMMISSION
 7 LOOK-ALIKES
 8 OTHER (SPECIFY)

GRANT AWARD DATE
 1 2
 / /
 / /
 / /
 / /
 / /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT STONEWALL MCCUISTON

BILLING NUMBER
 E193588

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD STONEWALL MCCUISTON

HOURS OF SUPERVISION
 11.00

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1630	900	1630			900	1630	900	1630		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?

N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

N

15 PROVIDER NAME: PROVIDER NUMBER:

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

N

TITLE V TITLE XVIII TITLE XIX

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

HOSPITAL UNCOMPENSATED CARE DATA

I
I
I
I

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 PROVIDER NO: 14-0186 I PERIOD: FROM 1/ 1/2008 I TO 12/31/2008 I
 PREPARED 6/ 1/2009 I WORKSHEET S-10 I

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04 OTHER METHODS OF WRITE-OFFS (SPEC.)
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?
 - UNCOMPENSATED CARE REVENUES
 - 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
 - UNCOMPENSATED CARE COST
 - 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .290014
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

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HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 PROVIDER NO: 14-0186 PERIOD: FROM 1/ 1/2008 TO 12/31/2008
 PREPARED 6/ 1/2009 WORKSHEET S-10

DESCRIPTION

29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
 (SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0186
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 6/ 1/2009
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		18,647,253	18,647,253	-16,051,407	2,595,846
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				2,442,886	2,442,886
3	0300	NEW CAP REL COSTS-BLDG & FIXT				5,128,902	5,128,902
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				9,253,026	9,253,026
5	0500	EMPLOYEE BENEFITS	579,531	20,552,769	21,132,300	308,884	21,441,184
6.01	1160	COMMUNICATIONS				884,232	884,232
6.02	0620	DATA PROCESSING	1,633,143	4,559,624	6,192,767	-685,299	5,507,468
6.03	0630	PURCHASING	467,064	1,591,309	2,058,373	-1,254,587	803,786
6.05	0650	BUSINESS OFFICE	2,968,439	964,275	3,932,714	-9,480	3,923,234
6.06	0660	ADMIN & GENERAL	5,350,506	19,380,334	24,730,840	-261,355	24,469,485
7	0700	MAINTENANCE & REPAIRS	1,214,017	5,067,084	6,281,101	539,734	6,820,835
8	0800	OPERATION OF PLANT	372,275	52,389	424,664	16,504	441,168
9	0900	LAUNDRY & LINEN SERVICE	419,674	112,804	532,478	1,322	533,800
10	1000	HOUSEKEEPING	1,433,724	491,190	1,924,914	10,877	1,935,791
11	1100	DIETARY	1,264,889	1,947,950	3,212,839	-1,995,591	1,217,248
12	1200	CAFETERIA				1,999,641	1,999,641
14	1400	NURSING ADMINISTRATION	2,161,048	30,540	2,191,588	-1,464,219	727,369
15	1500	CENTRAL SERVICES & SUPPLY	293,119	173,186	466,305	2,923	469,228
16	1600	PHARMACY	1,864,887	4,184,376	6,049,263	-5,506,211	543,052
17	1700	MEDICAL RECORDS & LIBRARY	1,091,115	487,141	1,578,256	15,399	1,593,655
18	1800	SOCIAL SERVICE	799,090	41,128	840,218	-525,236	314,982
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
24	2400	PARAMED ED PRGM-(SPECIFY)	205,367	36,753	242,120	23,373	265,493
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	13,445,748	930,216	14,375,964	214,027	14,589,991
26	2600	INTENSIVE CARE UNIT	2,031,085	123,188	2,154,273	20,453	2,174,726
27	2700	CORONARY CARE UNIT	2,270,999	178,895	2,449,894	23,252	2,473,146
31	3100	SUBPROVIDER					
31.01	3101	SUB II - REHAB	1,412,575	37,494	1,450,069	28,088	1,478,157
33	3300	NURSERY	931,903	543,689	1,475,592	28,955	1,504,547
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	3,868,710	13,513,684	17,382,394	385,662	17,768,056
38	3800	RECOVERY ROOM	1,442,123	146,574	1,588,697	109,314	1,698,011
39	3900	DELIVERY ROOM & LABOR ROOM	1,052,838	155,582	1,208,420	25,988	1,234,408
40	4000	ANESTHESIOLOGY	58,231	449,850	508,081	50	508,131
41	4100	RADIOLOGY-DIAGNOSTIC	2,381,621	1,324,831	3,706,452	-47,117	3,659,335
41.01	3450	NUCLEAR MEDICINE-DIAGNOSTIC	210,774	291,070	501,844	199	502,043
41.02	3120	CARDIAC CATHETERIZATION LABORATORY	1,044,709	6,806,803	7,851,512	65,956	7,917,468
41.22	3230	CT SCAN	509,311	175,196	684,507	1,957	686,464
41.23	3630	ULTRASOUND	473,760	41,775	515,535	1,278	516,813
41.26	3430	MRI	188,090	90,037	278,127	544	278,671
42	4200	RADIOLOGY-THERAPEUTIC	395,609	2,831,816	3,227,425	208,084	3,435,509
44	4400	LABORATORY	1,964,502	4,337,185	6,301,687	92,209	6,393,896
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	4800	INTRAVENOUS THERAPY	157,468	754,759	912,227	631,820	1,544,047
49	4900	RESPIRATORY THERAPY	1,156,386	264,050	1,420,436	60,379	1,480,815
50	5000	PHYSICAL THERAPY	2,072,717	515,532	2,588,249	135,113	2,723,362
53	5300	ELECTROCARDIOLOGY	475,225	33,885	509,110	1,037	510,147
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				956,723	956,723
56	5600	DRUGS CHARGED TO PATIENTS				5,488,414	5,488,414
58.01	3950	RENAL DIALYSIS (IP)		491,768	491,768		491,768
59	3140	CARDIAC REHAB	216,215	7,119	223,334	557	223,891
59.01	3550	OP PSY/CDU	757,125	57,224	814,349	78,019	892,368
59.02	3951	RIMMS	491,865	259,234	751,099	-27,820	723,279
59.03	3952	GENETIC/OAK PLAZA CLINICS					
59.04	3953	PAIN CLINIC					
59.05	3954	DIABETES	142,789	7,987	150,776	5,362	156,138
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	2,518,379	608,603	3,126,982	170,337	3,297,319
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	INFUSION	447,482	1,468,327	1,915,809	1,486	1,917,295
63.01	4040	COMMUNITY HEALTH CENTERS	421,524	69,921	491,445	-480,752	10,693
63.02	4951	RASC	510,011	1,155,290	1,665,301	-1,131	1,664,170
63.50	6310	RHC	147,672	74,734	222,406	-17,453	204,953
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	1,907,589	281,119	2,188,708	24,216	2,212,924
71	7100	HOME HEALTH AGENCY	2,294,778	216,766	2,511,544	18,720	2,530,264
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		4,503,708	4,503,708	-596,244	3,907,464
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	69,517,701	121,068,016	190,585,717	482,000	191,067,717
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEN					
97	9700	RESEARCH					
97.01	9701	SENIOR ADVAN	36,958	13,416	50,374	249	50,623
97.02	9702	CARE-A-VAN					
98	9800	PHYSICIANS' PRIVATE OFFICES	11,799,702	3,777,904	15,577,606	-472,957	15,104,649
98.01	9801	REFERENCE LAB					
98.02	9802	MEALS ON WHEELS					
99	9900	NONPAID WORKERS	255,787	-364,996	-109,209	-9,292	-118,501
101		TOTAL	81,610,148	124,494,340	206,104,488	-0-	206,104,488

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 14-0186
II PERIOD: I
I FROM 1/ 1/2008 I PREPARED 6/ 1/2009
I TO 12/31/2008 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-345,677	2,250,169
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		2,442,886
3 0300	NEW CAP REL COSTS-BLDG & FIXT		5,128,902
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		9,253,026
5 0500	EMPLOYEE BENEFITS	-210,346	21,230,838
6.01 1160	COMMUNICATIONS		884,232
6.02 0620	DATA PROCESSING	-1,446	5,506,022
6.03 0630	PURCHASING	-29,980	773,806
6.05 0650	BUSINESS OFFICE		3,923,234
6.06 0660	ADMIN & GENERAL	-779,042	23,690,443
7 0700	MAINTENANCE & REPAIRS		6,820,835
8 0800	OPERATION OF PLANT		441,168
9 0900	LAUNDRY & LINEN SERVICE		533,800
10 1000	HOUSEKEEPING		1,935,791
11 1100	DIETARY	-15,677	1,201,571
12 1200	CAFETERIA	-1,302,193	697,448
14 1400	NURSING ADMINISTRATION		727,369
15 1500	CENTRAL SERVICES & SUPPLY		469,228
16 1600	PHARMACY		543,052
17 1700	MEDICAL RECORDS & LIBRARY	-2,365	1,591,290
18 1800	SOCIAL SERVICE	-14,788	300,194
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY)	-15,061	250,432
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-228,519	14,361,472
26 2600	INTENSIVE CARE UNIT		2,174,726
27 2700	CORONARY CARE UNIT		2,473,146
31 3100	SUBPROVIDER		
31.01 3101	SUB II - REHAB	-43,983	1,434,174
33 3300	NURSERY		1,504,547
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-200,133	17,567,923
38 3800	RECOVERY ROOM		1,698,011
39 3900	DELIVERY ROOM & LABOR ROOM		1,234,408
40 4000	ANESTHESIOLOGY		508,131
41 4100	RADIOLOGY-DIAGNOSTIC	-3,640	3,655,695
41.01 3450	NUCLEAR MEDICINE-DIAGNOSTIC		502,043
41.02 3120	CARDIAC CATHETERIZATION LABORATORY		7,917,468
41.22 3230	CT SCAN		686,464
41.23 3630	ULTRASOUND		516,813
41.26 3430	MRI		278,671
42 4200	RADIOLOGY-THERAPEUTIC	-146,738	3,288,771
44 4400	LABORATORY		6,393,896
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
48 4800	INTRAVENOUS THERAPY		1,544,047
49 4900	RESPIRATORY THERAPY	-12,992	1,467,823
50 5000	PHYSICAL THERAPY		2,723,362
53 5300	ELECTROCARDIOLOGY		510,147
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,993	953,730
56 5600	DRUGS CHARGED TO PATIENTS	-7,097	5,481,317
58.01 3950	RENAL DIALYSIS (IP)		491,768
59 3140	CARDIAC REHAB		223,891
59.01 3550	OP PSY/CDU	-102,391	789,977
59.02 3951	RIMMS	-228,450	494,829
59.03 3952	GENETIC/OAK PLAZA CLINICS		
59.04 3953	PAIN CLINIC		
59.05 3954	DIABETES	-1,296	154,842
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-91,750	3,205,569
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	INFUSION		1,917,295
63.01 4040	COMMUNITY HEALTH CENTERS	-2,474	8,219
63.02 4951	RASC		1,664,170
63.50 6310	RHC	-6,967	197,986
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-98,556	2,114,368
71 7100	HOME HEALTH AGENCY		2,530,264
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-3,907,464	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-7,802,018	183,265,699
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
97.01 9701	SENIOR ADVAN		50,623
97.02 9702	CARE-A-VAN		
98 9800	PHYSICIANS' PRIVATE OFFICES	-9,663,709	5,440,940
98.01 9801	REFERENCE LAB		
98.02 9802	MEALS ON WHEELS		
99 9900	NONPAID WORKERS	-10,767	-129,268
101	TOTAL	-17,476,494	188,627,994

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COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.05	BUSINESS OFFICE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUB II - REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
41.22	CT SCAN	3230	CAT SCAN
41.23	ULTRASOUND	3630	ULTRA SOUND
41.26	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58.01	RENAL DIALYSIS (IP)	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	CARDIAC REHAB	3140	CARDIOLOGY
59.01	OP PSY/CDU	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.02	RIMMS	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	GENETIC/OAK PLAZA CLINICS	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.04	PAIN CLINIC	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.05	DIABETES	3954	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	INFUSION	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	COMMUNITY HEALTH CENTERS	4040	FAMILY PRACTICE
63.02	RASC	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	SENIOR ADVAN	9701	RESEARCH
97.02	CARE-A-VAN	9702	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	REFERENCE LAB	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MEALS ON WHEELS	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

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RECLASSIFICATIONS

 PROVIDER NO:
140186

PERIOD:

FROM 1/ 1/2008

TO 12/31/2008

PREPARED 6/ 1/2009

WORKSHEET A-6

		INCREASE		
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
	1	2	4	5
1 PRO FEES RECLASS	A SOCIAL SERVICE	18		29,679
2	ADULTS & PEDIATRICS	25		70,000
3	SUB II - REHAB	31.01		23,480
4	OPERATING ROOM	37		324,300
5	RADIOLOGY-THERAPEUTIC	42		196,154
6	LABORATORY	44		75,638
7	RESPIRATORY THERAPY	49		50,035
8	OP PSY/CDU	59.01		55,125
9	DIABETES	59.05		5,000
10	EMERGENCY	61		91,750
11	PHYSICIANS' PRIVATE OFFICES	98		92,500
12 BONUSES AND VACATION ACCRUAL	B DATA PROCESSING	6.02	16,217	
13	PURCHASING	6.03	12,385	
14	BUSINESS OFFICE	6.05	25,938	
15	ADMIN & GENERAL	6.06	573,139	
16	MAINTENANCE & REPAIRS	7	16,913	
17	OPERATION OF PLANT	8	18,212	
18	LAUNDRY & LINEN SERVICE	9	1,322	
19	HOUSEKEEPING	10	13,185	
20	DIETARY	11	4,076	
21	NURSING ADMINISTRATION	14	87,962	
22	CENTRAL SERVICES & SUPPLY	15	560	
23	PHARMACY	16	25,058	
24	MEDICAL RECORDS & LIBRARY	17	15,775	
25	SOCIAL SERVICE	18	4,231	
26	PARAMED ED PRGM-(SPECIFY)	24	20,733	
27	ADULTS & PEDIATRICS	25	58,848	
28	INTENSIVE CARE UNIT	26	7,354	
29	CORONARY CARE UNIT	27	8,606	
30	SUB II - REHAB	31.01	4,608	
31	NURSERY	33	5,303	
32	OPERATING ROOM	37	30,707	
33	RECOVERY ROOM	38	4,519	
34	DELIVERY ROOM & LABOR ROOM	39	2,765	
35	ANESTHESIOLOGY	40	50	
1 BONUSES AND VACATION ACCRUAL	B RADIOLOGY-DIAGNOSTIC	41	19,827	
2	NUCLEAR MEDICINE-DIAGNOSTIC	41.01	199	
3	CARDIAC CATHETERIZATION LABORATORY	41.02	1,967	
4	CT SCAN	41.22	1,957	
5	ULTRASOUND	41.23	1,278	
6	MRI	41.26	544	
7	RADIOLOGY-THERAPEUTIC	42	11,930	
8	LABORATORY	44	17,777	
9	INTRAVENOUS THERAPY	48	810	
10	RESPIRATORY THERAPY	49	3,715	
11	PHYSICAL THERAPY	50	19,951	
12	ELECTROCARDIOLOGY	53	1,037	
13	CARDIAC REHAB	59	557	
14	OP PSY/CDU	59.01	1,732	
15	RIMMS	59.02	1,833	
16	DIABETES	59.05	362	
17	EMERGENCY	61	10,424	
18	INFUSION	63	1,486	
19	COMMUNITY HEALTH CENTERS	63.01	36,462	
20	RHC	63.50	986	
21	AMBULANCE SERVICES	65	6,432	
22	HOME HEALTH AGENCY	71	22,544	
23	SENIOR ADVAN	97.01	249	
24	PHYSICIANS' PRIVATE OFFICES	98	89,028	
25	NONPAID WORKERS	99	1,500	
26 UTILITY RECLASS	C MAINTENANCE & REPAIRS	7		1,296
27	MAINTENANCE & REPAIRS	7		701,516
28	MAINTENANCE & REPAIRS	7		2,260
29	MAINTENANCE & REPAIRS	7		35,418
30	MAINTENANCE & REPAIRS	7		140,099
31	MAINTENANCE & REPAIRS	7		1,708
32	MAINTENANCE & REPAIRS	7		2,308
33	MAINTENANCE & REPAIRS	7		26
34	MAINTENANCE & REPAIRS	7		6,092
35	MAINTENANCE & REPAIRS	7		376

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RECLASSIFICATIONS

PROVIDER NO:

140186

PERIOD:

FROM 1/ 1/2008

TO 12/31/2008

PREPARED 6/ 1/2009

WORKSHEET A-6

CONTD

		INCREASE		
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
	1	2	4	5
1 UTILITY RECLASS	C MAINTENANCE & REPAIRS	7		180
2	MAINTENANCE & REPAIRS	7		1,023
3	MAINTENANCE & REPAIRS	7		52,073
4	MAINTENANCE & REPAIRS	7		527
5	MAINTENANCE & REPAIRS	7		2,322
6	MAINTENANCE & REPAIRS	7		3,499
7	MAINTENANCE & REPAIRS	7		182,858
8	MAINTENANCE & REPAIRS	7		5,231
9	MAINTENANCE & REPAIRS	7		1,206
10	MAINTENANCE & REPAIRS	7		11,349
11	MAINTENANCE & REPAIRS	7		4,331
12	MAINTENANCE & REPAIRS	7		4,161
13	MAINTENANCE & REPAIRS	7		1,625
14	MAINTENANCE & REPAIRS	7		23,903
15	MAINTENANCE & REPAIRS	7		16,219
16	MAINTENANCE & REPAIRS	7		3,824
17	MAINTENANCE & REPAIRS	7		190,831
18	MAINTENANCE & REPAIRS	7		10,792
19 CAFETERIA RECLASS	D CAFETERIA	12	787,255	1,212,386
20 REHAB DIRECTOR RECLASS	E ADMIN & GENERAL	6.06	312,506	
21	CENTRAL SERVICES & SUPPLY	15	2,363	
22	PARAMED ED PRGM-(SPECIFY)	24	3,663	
23	ADULTS & PEDIATRICS	25	197,150	
24	INTENSIVE CARE UNIT	26	13,099	
25	CORONARY CARE UNIT	27	14,646	
26	NURSERY	33	23,652	
27	OPERATING ROOM	37	31,182	
28	RECOVERY ROOM	38	11,624	
29	DELIVERY ROOM & LABOR ROOM	39	26,722	
30	CARDIAC CATHETERIZATION LABORATORY	41.02	69,220	
31	INTRAVENOUS THERAPY	48	3,997	
32	RESPIRATORY THERAPY	49	6,629	
33	PHYSICAL THERAPY	50	115,162	
34	OP PSY/CDU	59.01	21,162	
35	EMERGENCY	61	72,494	
1 REHAB DIRECTOR RECLASS	E AMBULANCE SERVICES	65	34,003	
2 COST OF GOODS SOLD RECLASS	F INTRAVENOUS THERAPY	48		75,876
3	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		956,723
4	DRUGS CHARGED TO PATIENTS	56		3,598,469
5 POSTAGE RECLASS	G ADMIN & GENERAL	6.06		274,968
6	ADMIN & GENERAL	6.06		83
7 UTILIZATION REVIEW RECLASS	H ADMIN & GENERAL	6.06	558,966	
8 RECOVERY ROOM RECLASS	I RECOVERY ROOM	38	95,493	
9 IV THERAPY RECLASS	J INTRAVENOUS THERAPY	48	551,137	
10 DEPRECIATION RECLASS	K OLD CAP REL COSTS-MVBLE EQUIP	2		2,402,919
11	NEW CAP REL COSTS-BLDG & FIXT	3		4,748,746
12	NEW CAP REL COSTS-MVBLE EQUIP	4		8,980,075
13 INSURANCE RECLASS	L EMPLOYEE BENEFITS	5		1,512,867
14	EMPLOYEE BENEFITS	5		10,366
15 INTEREST RECLASS	M ADMIN & GENERAL	6.06		596,244
16 RADIOLOGY	O RADIOLOGY-DIAGNOSTIC	41	115,914	
17 COMMUNICATIONS	P COMMUNICATIONS	6.01		884,232
18 LIABILITY INSURANCE	Q ADMIN & GENERAL	6.06		18,304
19	ADMIN & GENERAL	6.06		2,924
20	ADMIN & GENERAL	6.06		852,405
21	RASC	63.02		10,860
22 ESTABLISH LINE 90 OTHER CRC	R OTHER CAPITAL RELATED COSTS	90		422,528
23	OTHER CAPITAL RELATED COSTS	90		350,879
24 RECLASS NEW LIFE GRANT	S NONPAID WORKERS	99		255,787
25 RECLASS RX SALARIES	T DRUGS CHARGED TO PATIENTS	56	1,864,887	
26	DRUGS CHARGED TO PATIENTS	56	25,058	
27 RCLASS NURSING ADMIN SALARIES	U ADULTS & PEDIATRICS	25	564,816	
28	ADULTS & PEDIATRICS	25	21,999	
29 RECLASS CHC DIRECTORS	V RHC	63.50	4,145	
30	PHYSICIANS' PRIVATE OFFICES	98	331,209	
31	RHC	63.50		1,319
32	PHYSICIANS' PRIVATE OFFICES	98		57,542
36 TOTAL RECLASSIFICATIONS			7,093,206	29,647,216

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

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RECLASSIFICATIONS

 PROVIDER NO:
140186

 PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

 PREPARED 6/ 1/2009
WORKSHEET A-6

----- DECREASE -----					A-7 REF 10
EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9
1 PRO FEES RECLASS	A	ADMIN & GENERAL	6.06		29,679
2		ADMIN & GENERAL	6.06		70,000
3		ADMIN & GENERAL	6.06		23,480
4		ADMIN & GENERAL	6.06		324,300
5		ADMIN & GENERAL	6.06		196,154
6		ADMIN & GENERAL	6.06		75,638
7		ADMIN & GENERAL	6.06		50,035
8		ADMIN & GENERAL	6.06		55,125
9		ADMIN & GENERAL	6.06		5,000
10		ADMIN & GENERAL	6.06		91,750
11		ADMIN & GENERAL	6.06		92,500
12 BONUSES AND VACATION ACCRUAL	B	EMPLOYEE BENEFITS	5		16,217
13		EMPLOYEE BENEFITS	5		12,385
14		EMPLOYEE BENEFITS	5		25,938
15		EMPLOYEE BENEFITS	5		573,139
16		EMPLOYEE BENEFITS	5		16,913
17		EMPLOYEE BENEFITS	5		18,212
18		EMPLOYEE BENEFITS	5		1,322
19		EMPLOYEE BENEFITS	5		13,185
20		EMPLOYEE BENEFITS	5		4,076
21		EMPLOYEE BENEFITS	5		87,962
22		EMPLOYEE BENEFITS	5		560
23		EMPLOYEE BENEFITS	5		25,058
24		EMPLOYEE BENEFITS	5		15,775
25		EMPLOYEE BENEFITS	5		4,231
26		EMPLOYEE BENEFITS	5		20,733
27		EMPLOYEE BENEFITS	5		58,848
28		EMPLOYEE BENEFITS	5		7,354
29		EMPLOYEE BENEFITS	5		8,606
30		EMPLOYEE BENEFITS	5		4,608
31		EMPLOYEE BENEFITS	5		5,303
32		EMPLOYEE BENEFITS	5		30,707
33		EMPLOYEE BENEFITS	5		4,519
34		EMPLOYEE BENEFITS	5		2,765
35		EMPLOYEE BENEFITS	5		50
1 BONUSES AND VACATION ACCRUAL	B	EMPLOYEE BENEFITS	5		19,827
2		EMPLOYEE BENEFITS	5		199
3		EMPLOYEE BENEFITS	5		1,967
4		EMPLOYEE BENEFITS	5		1,957
5		EMPLOYEE BENEFITS	5		1,278
6		EMPLOYEE BENEFITS	5		544
7		EMPLOYEE BENEFITS	5		11,930
8		EMPLOYEE BENEFITS	5		17,777
9		EMPLOYEE BENEFITS	5		810
10		EMPLOYEE BENEFITS	5		3,715
11		EMPLOYEE BENEFITS	5		19,951
12		EMPLOYEE BENEFITS	5		1,037
13		EMPLOYEE BENEFITS	5		557
14		EMPLOYEE BENEFITS	5		1,732
15		EMPLOYEE BENEFITS	5		1,833
16		EMPLOYEE BENEFITS	5		362
17		EMPLOYEE BENEFITS	5		10,424
18		EMPLOYEE BENEFITS	5		1,486
19		EMPLOYEE BENEFITS	5		36,462
20		EMPLOYEE BENEFITS	5		986
21		EMPLOYEE BENEFITS	5		6,432
22		EMPLOYEE BENEFITS	5		22,544
23		EMPLOYEE BENEFITS	5		249
24		EMPLOYEE BENEFITS	5		89,028
25		EMPLOYEE BENEFITS	5		1,500
26 UTILITY RECLASS	C	EMPLOYEE BENEFITS	5		1,296
27		DATA PROCESSING	6.02		701,516
28		PURCHASING	6.03		2,260
29		BUSINESS OFFICE	6.05		35,418
30		ADMIN & GENERAL	6.06		140,099
31		OPERATION OF PLANT	8		1,708
32		HOUSEKEEPING	10		2,308
33		DIETARY	11		26
34		NURSING ADMINISTRATION	14		6,092
35		MEDICAL RECORDS & LIBRARY	17		376

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RECLASSIFICATIONS

PROVIDER NO:

140186

PERIOD:

FROM 1/ 1/2008

PREPARED 6/ 1/2009

TO 12/31/2008

WORKSHEET A-6

CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO	7			
1 UTILITY RECLASS	C	SOCIAL SERVICE	18			180	
2		PARAMED ED PRGM--(SPECIFY)	24			1,023	
3		ADULTS & PEDIATRICS	25			52,073	
4		OPERATING ROOM	37			527	
5		RECOVERY ROOM	38			2,322	
6		DELIVERY ROOM & LABOR ROOM	39			3,499	
7		RADIOLOGY-DIAGNOSTIC	41			182,858	
8		CARDIAC CATHETERIZATION LABORATORY	41.02			5,231	
9		LABORATORY	44			1,206	
10		RIMMS	59.02			11,349	
11		EMERGENCY	61			4,331	
12		COMMUNITY HEALTH CENTERS	63.01			4,161	
13		RASC	63.02			1,625	
14		RHC	63.50			23,903	
15		AMBULANCE SERVICES	65			16,219	
16		HOME HEALTH AGENCY	71			3,824	
17		PHYSICIANS' PRIVATE OFFICES	98			190,831	
18		NONPAID WORKERS	99			10,792	
19 CAFETERIA RECLASS	D	DIETARY	11		787,255	1,212,386	
20 REHAB DIRECTOR RECLASS	E	NURSING ADMINISTRATION	14		312,506		
21		NURSING ADMINISTRATION	14		2,363		
22		NURSING ADMINISTRATION	14		3,663		
23		NURSING ADMINISTRATION	14		197,150		
24		NURSING ADMINISTRATION	14		13,099		
25		NURSING ADMINISTRATION	14		14,646		
26		NURSING ADMINISTRATION	14		23,652		
27		NURSING ADMINISTRATION	14		31,182		
28		NURSING ADMINISTRATION	14		11,624		
29		NURSING ADMINISTRATION	14		26,722		
30		NURSING ADMINISTRATION	14		69,220		
31		NURSING ADMINISTRATION	14		3,997		
32		NURSING ADMINISTRATION	14		6,629		
33		NURSING ADMINISTRATION	14		115,162		
34		NURSING ADMINISTRATION	14		21,162		
35		NURSING ADMINISTRATION	14		72,494		
1 REHAB DIRECTOR RECLASS	E	NURSING ADMINISTRATION	14		34,003		
2 COST OF GOODS SOLD RECLASS	F	PHARMACY	16			3,641,324	
3		PURCHASING	6.03			989,744	
4							
5 POSTAGE RECLASS	G	PURCHASING	6.03			274,968	
6		ADULTS & PEDIATRICS	25			83	
7 UTILIZATION REVIEW RECLASS	H	SOCIAL SERVICE	18		558,966		
8 RECOVERY ROOM RECLASS	I	ADULTS & PEDIATRICS	25		95,493		
9 IV THERAPY RECLASS	J	ADULTS & PEDIATRICS	25		551,137		
10 DEPRECIATION RECLASS	K	OLD CAP REL COSTS-BLDG & FIXT	1			2,402,919	9
11		OLD CAP REL COSTS-BLDG & FIXT	1			4,748,746	9
12		OLD CAP REL COSTS-BLDG & FIXT	1			8,980,075	9
13 INSURANCE RECLASS	L	ADMIN & GENERAL	6.06			1,512,867	12
14		RASC	63.02			10,366	
15 INTEREST RECLASS	M	INTEREST EXPENSE	88			596,244	11
16 RADIOLOGY	O	COMMUNITY HEALTH CENTERS	63.01		115,914		
17 COMMUNICATIONS	P	MAINTENANCE & REPAIRS	7			884,232	
18 LIABILITY INSURANCE	Q	RIMMS	59.02			18,304	
19		COMMUNITY HEALTH CENTERS	63.01			2,924	
20		PHYSICIANS' PRIVATE OFFICES	98			852,405	
21		ADMIN & GENERAL	6.06			10,860	
22 ESTABLISH LINE 90 OTHER CRC	R	ADMIN & GENERAL	6.06			422,528	
23		ADMIN & GENERAL	6.06			350,879	
24 RECLASS NEW LIFE GRANT	S	NONPAID WORKERS	99		255,787		
25 RECLASS RX SALARIES	T	PHARMACY	16		1,864,887		
26		PHARMACY	16		25,058		
27 RCLASS NURSING ADMIN SALARIES	U	NURSING ADMINISTRATION	14		564,816		
28		NURSING ADMINISTRATION	14		21,999		
29 RECLASS CHC DIRECTORS	V	COMMUNITY HEALTH CENTERS	63.01		4,145		
30		COMMUNITY HEALTH CENTERS	63.01		331,209		
31		COMMUNITY HEALTH CENTERS	63.01			1,319	
32		COMMUNITY HEALTH CENTERS	63.01			57,542	
36 TOTAL RECLASSIFICATIONS					6,135,940	30,604,482	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

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RECLASSIFICATIONS

PROVIDER NO:
140186PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 6/ 1/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : PRO FEES RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	SOCIAL SERVICE	29,679	6.06	ADMIN & GENERAL	29,679
2.00	ADULTS & PEDIATRICS	70,000	6.06	ADMIN & GENERAL	70,000
3.00	SUB II - REHAB	23,480	6.06	ADMIN & GENERAL	23,480
4.00	OPERATING ROOM	324,300	6.06	ADMIN & GENERAL	324,300
6.00	RADIOLOGY-THERAPEUTIC	196,154	6.06	ADMIN & GENERAL	196,154
7.00	LABORATORY	75,638	6.06	ADMIN & GENERAL	75,638
8.00	RESPIRATORY THERAPY	50,035	6.06	ADMIN & GENERAL	50,035
9.00	OP PSY/CDU	55,125	6.06	ADMIN & GENERAL	55,125
10.00	DIABETES	5,000	6.06	ADMIN & GENERAL	5,000
11.00	EMERGENCY	91,750	6.06	ADMIN & GENERAL	91,750
12.00	PHYSICIANS' PRIVATE OFFICES	92,500	6.06	ADMIN & GENERAL	92,500
TOTAL RECLASSIFICATIONS FOR CODE A		1,013,661			1,013,661

RECLASS CODE: B

EXPLANATION : BONUSES AND VACATION ACCRUAL

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	DATA PROCESSING	16,217	5	EMPLOYEE BENEFITS	16,217
3.00	PURCHASING	12,385	5	EMPLOYEE BENEFITS	12,385
4.00	BUSINESS OFFICE	25,938	5	EMPLOYEE BENEFITS	25,938
5.00	ADMIN & GENERAL	573,139	5	EMPLOYEE BENEFITS	573,139
6.00	MAINTENANCE & REPAIRS	16,913	5	EMPLOYEE BENEFITS	16,913
7.00	OPERATION OF PLANT	18,212	5	EMPLOYEE BENEFITS	18,212
8.00	LAUNDRY & LINEN SERVICE	1,322	5	EMPLOYEE BENEFITS	1,322
9.00	HOUSEKEEPING	13,185	5	EMPLOYEE BENEFITS	13,185
10.00	DIETARY	4,076	5	EMPLOYEE BENEFITS	4,076
11.00	NURSING ADMINISTRATION	87,962	5	EMPLOYEE BENEFITS	87,962
12.00	CENTRAL SERVICES & SUPPLY	560	5	EMPLOYEE BENEFITS	560
13.00	PHARMACY	25,058	5	EMPLOYEE BENEFITS	25,058
14.00	MEDICAL RECORDS & LIBRARY	15,775	5	EMPLOYEE BENEFITS	15,775
15.00	SOCIAL SERVICE	4,231	5	EMPLOYEE BENEFITS	4,231
16.00	PARAMED ED PRGM-(SPECIFY)	20,733	5	EMPLOYEE BENEFITS	20,733
17.00	ADULTS & PEDIATRICS	58,848	5	EMPLOYEE BENEFITS	58,848
18.00	INTENSIVE CARE UNIT	7,354	5	EMPLOYEE BENEFITS	7,354
19.00	CORONARY CARE UNIT	8,606	5	EMPLOYEE BENEFITS	8,606
20.00	SUB II - REHAB	4,608	5	EMPLOYEE BENEFITS	4,608
21.00	NURSERY	5,303	5	EMPLOYEE BENEFITS	5,303
22.00	OPERATING ROOM	30,707	5	EMPLOYEE BENEFITS	30,707
23.00	RECOVERY ROOM	4,519	5	EMPLOYEE BENEFITS	4,519
24.00	DELIVERY ROOM & LABOR ROOM	2,765	5	EMPLOYEE BENEFITS	2,765
25.00	ANESTHESIOLOGY	50	5	EMPLOYEE BENEFITS	50
26.00	RADIOLOGY-DIAGNOSTIC	19,827	5	EMPLOYEE BENEFITS	19,827
27.00	NUCLEAR MEDICINE-DIAGNOSTIC	199	5	EMPLOYEE BENEFITS	199
28.00	CARDIAC CATHETERIZATION LABORA	1,967	5	EMPLOYEE BENEFITS	1,967
29.00	CT SCAN	1,957	5	EMPLOYEE BENEFITS	1,957
30.00	ULTRASOUND	1,278	5	EMPLOYEE BENEFITS	1,278
31.00	MRI	544	5	EMPLOYEE BENEFITS	544
32.00	RADIOLOGY-THERAPEUTIC	11,930	5	EMPLOYEE BENEFITS	11,930
33.00	LABORATORY	17,777	5	EMPLOYEE BENEFITS	17,777
34.00	INTRAVENOUS THERAPY	810	5	EMPLOYEE BENEFITS	810
35.00	RESPIRATORY THERAPY	3,715	5	EMPLOYEE BENEFITS	3,715
36.00	PHYSICAL THERAPY	19,951	5	EMPLOYEE BENEFITS	19,951
37.00	ELECTROCARDIOLOGY	1,037	5	EMPLOYEE BENEFITS	1,037
38.00	CARDIAC REHAB	557	5	EMPLOYEE BENEFITS	557
39.00	OP PSY/CDU	1,732	5	EMPLOYEE BENEFITS	1,732
40.00	RIMMS	1,833	5	EMPLOYEE BENEFITS	1,833
41.00	DIABETES	362	5	EMPLOYEE BENEFITS	362
42.00	EMERGENCY	10,424	5	EMPLOYEE BENEFITS	10,424
43.00	INFUSION	1,486	5	EMPLOYEE BENEFITS	1,486
44.00	COMMUNITY HEALTH CENTERS	36,462	5	EMPLOYEE BENEFITS	36,462
45.00	RHC	986	5	EMPLOYEE BENEFITS	986
46.00	AMBULANCE SERVICES	6,432	5	EMPLOYEE BENEFITS	6,432
47.00	HOME HEALTH AGENCY	22,544	5	EMPLOYEE BENEFITS	22,544
48.00	SENIOR ADVAN	249	5	EMPLOYEE BENEFITS	249
49.00	PHYSICIANS' PRIVATE OFFICES	89,028	5	EMPLOYEE BENEFITS	89,028
50.00	NONPAID WORKERS	1,500	5	EMPLOYEE BENEFITS	1,500
TOTAL RECLASSIFICATIONS FOR CODE B		1,213,053			1,213,053

RECLASS CODE: C

EXPLANATION : UTILITY RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MAINTENANCE & REPAIRS	1,296	5	EMPLOYEE BENEFITS	1,296

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RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140186	FROM 1/ 1/2008	6/ 1/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: C

EXPLANATION : UTILITY RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
3.00	MAINTENANCE & REPAIRS	701,516	6.02	DATA PROCESSING	701,516
4.00	MAINTENANCE & REPAIRS	2,260	6.03	PURCHASING	2,260
5.00	MAINTENANCE & REPAIRS	35,418	6.05	BUSINESS OFFICE	35,418
6.00	MAINTENANCE & REPAIRS	140,099	6.06	ADMIN & GENERAL	140,099
7.00	MAINTENANCE & REPAIRS	1,708	8	OPERATION OF PLANT	1,708
8.00	MAINTENANCE & REPAIRS	2,308	10	HOUSEKEEPING	2,308
9.00	MAINTENANCE & REPAIRS	26	11	DIETARY	26
10.00	MAINTENANCE & REPAIRS	6,092	14	NURSING ADMINISTRATION	6,092
11.00	MAINTENANCE & REPAIRS	376	17	MEDICAL RECORDS & LIBRARY	376
12.00	MAINTENANCE & REPAIRS	180	18	SOCIAL SERVICE	180
13.00	MAINTENANCE & REPAIRS	1,023	24	PARAMED ED PRGM-(SPECIFY)	1,023
14.00	MAINTENANCE & REPAIRS	52,073	25	ADULTS & PEDIATRICS	52,073
15.00	MAINTENANCE & REPAIRS	527	37	OPERATING ROOM	527
16.00	MAINTENANCE & REPAIRS	2,322	38	RECOVERY ROOM	2,322
17.00	MAINTENANCE & REPAIRS	3,499	39	DELIVERY ROOM & LABOR ROOM	3,499
18.00	MAINTENANCE & REPAIRS	182,858	41	RADIOLOGY-DIAGNOSTIC	182,858
19.00	MAINTENANCE & REPAIRS	5,231	41.02	CARDIAC CATHETERIZATION LABORA	5,231
21.00	MAINTENANCE & REPAIRS	1,206	44	LABORATORY	1,206
23.00	MAINTENANCE & REPAIRS	11,349	59.02	RIMMS	11,349
25.00	MAINTENANCE & REPAIRS	4,331	61	EMERGENCY	4,331
26.00	MAINTENANCE & REPAIRS	4,161	63.01	COMMUNITY HEALTH CENTERS	4,161
27.00	MAINTENANCE & REPAIRS	1,625	63.02	RASC	1,625
28.00	MAINTENANCE & REPAIRS	23,903	63.50	RHC	23,903
29.00	MAINTENANCE & REPAIRS	16,219	65	AMBULANCE SERVICES	16,219
30.00	MAINTENANCE & REPAIRS	3,824	71	HOME HEALTH AGENCY	3,824
31.00	MAINTENANCE & REPAIRS	190,831	98	PHYSICIANS' PRIVATE OFFICES	190,831
32.00	MAINTENANCE & REPAIRS	10,792	99	NONPAID WORKERS	10,792
TOTAL RECLASSIFICATIONS FOR CODE C		1,407,053			1,407,053

RECLASS CODE: D

EXPLANATION : CAFETERIA RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,999,641	11	DIETARY	1,999,641
TOTAL RECLASSIFICATIONS FOR CODE D		1,999,641			1,999,641

RECLASS CODE: E

EXPLANATION : REHAB DIRECTOR RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMIN & GENERAL	312,506	14	NURSING ADMINISTRATION	312,506
2.00	CENTRAL SERVICES & SUPPLY	2,363	14	NURSING ADMINISTRATION	2,363
3.00	PARAMED ED PRGM-(SPECIFY)	3,663	14	NURSING ADMINISTRATION	3,663
4.00	ADULTS & PEDIATRICS	197,150	14	NURSING ADMINISTRATION	197,150
5.00	INTENSIVE CARE UNIT	13,099	14	NURSING ADMINISTRATION	13,099
6.00	CORONARY CARE UNIT	14,646	14	NURSING ADMINISTRATION	14,646
8.00	NURSERY	23,652	14	NURSING ADMINISTRATION	23,652
9.00	OPERATING ROOM	31,182	14	NURSING ADMINISTRATION	31,182
10.00	RECOVERY ROOM	11,624	14	NURSING ADMINISTRATION	11,624
11.00	DELIVERY ROOM & LABOR ROOM	26,722	14	NURSING ADMINISTRATION	26,722
13.00	CARDIAC CATHETERIZATION LABORA	69,220	14	NURSING ADMINISTRATION	69,220
14.00	INTRAVENOUS THERAPY	3,997	14	NURSING ADMINISTRATION	3,997
15.00	RESPIRATORY THERAPY	6,629	14	NURSING ADMINISTRATION	6,629
16.00	PHYSICAL THERAPY	115,162	14	NURSING ADMINISTRATION	115,162
19.00	OP PSY/CDU	21,162	14	NURSING ADMINISTRATION	21,162
20.00	EMERGENCY	72,494	14	NURSING ADMINISTRATION	72,494
21.00	AMBULANCE SERVICES	34,003	14	NURSING ADMINISTRATION	34,003
TOTAL RECLASSIFICATIONS FOR CODE E		959,274			959,274

RECLASS CODE: F

EXPLANATION : COST OF GOODS SOLD RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	INTRAVENOUS THERAPY	75,876	16	PHARMACY	3,641,324
2.00	MEDICAL SUPPLIES CHARGED TO PA	956,723	6.03	PURCHASING	989,744
3.00	DRUGS CHARGED TO PATIENTS	3,598,469			0
TOTAL RECLASSIFICATIONS FOR CODE F		4,631,068			4,631,068

RECLASS CODE: G

EXPLANATION : POSTAGE RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMIN & GENERAL	274,968	6.03	PURCHASING	274,968

RECLASSIFICATIONS

 PROVIDER NO:
 140186

 PERIOD: PREPARED 6/ 1/2009
 FROM 1/ 1/2008 WORKSHEET A-6
 TO 12/31/2008 NOT A CMS WORKSHEET

 RECLASS CODE: G
 EXPLANATION : POSTAGE RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
2.00	ADMIN & GENERAL	6.06	83
TOTAL RECLASSIFICATIONS FOR CODE G			275,051

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
ADULTS & PEDIATRICS	25	83	
		275,051	

 RECLASS CODE: H
 EXPLANATION : UTILIZATION REVIEW RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMIN & GENERAL	6.06	558,966
TOTAL RECLASSIFICATIONS FOR CODE H			558,966

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
SOCIAL SERVICE	18	558,966	
		558,966	

 RECLASS CODE: I
 EXPLANATION : RECOVERY ROOM RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	RECOVERY ROOM	38	95,493
TOTAL RECLASSIFICATIONS FOR CODE I			95,493

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
ADULTS & PEDIATRICS	25	95,493	
		95,493	

 RECLASS CODE: J
 EXPLANATION : IV THERAPY RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	551,137
TOTAL RECLASSIFICATIONS FOR CODE J			551,137

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
ADULTS & PEDIATRICS	25	551,137	
		551,137	

 RECLASS CODE: K
 EXPLANATION : DEPRECIATION RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	2,402,919
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,748,746
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,980,075
TOTAL RECLASSIFICATIONS FOR CODE K			16,131,740

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
OLD CAP REL COSTS-BLDG & FIXT	1	2,402,919	
OLD CAP REL COSTS-BLDG & FIXT	1	4,748,746	
OLD CAP REL COSTS-BLDG & FIXT	1	8,980,075	
		16,131,740	

 RECLASS CODE: L
 EXPLANATION : INSURANCE RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,512,867
2.00	EMPLOYEE BENEFITS	5	10,366
TOTAL RECLASSIFICATIONS FOR CODE L			1,523,233

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
ADMIN & GENERAL	6.06	1,512,867	
RASC	63.02	10,366	
		1,523,233	

 RECLASS CODE: M
 EXPLANATION : INTEREST RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
2.00	ADMIN & GENERAL	6.06	596,244
TOTAL RECLASSIFICATIONS FOR CODE M			596,244

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
INTEREST EXPENSE	88	596,244	
		596,244	

 RECLASS CODE: O
 EXPLANATION : RADIOLOGY

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	115,914
TOTAL RECLASSIFICATIONS FOR CODE O			115,914

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
COMMUNITY HEALTH CENTERS	63.01	115,914	
		115,914	

 RECLASS CODE: P
 EXPLANATION : COMMUNICATIONS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.01	884,232
TOTAL RECLASSIFICATIONS FOR CODE P			884,232

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
MAINTENANCE & REPAIRS	7	884,232	
		884,232	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140186	FROM 1/ 1/2008	6/ 1/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: Q
EXPLANATION : LIABILITY INSURANCE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	ADMIN & GENERAL	18,304	59.02	RIMMS	18,304
3.00	ADMIN & GENERAL	2,924	63.01	COMMUNITY HEALTH CENTERS	2,924
4.00	ADMIN & GENERAL	852,405	98	PHYSICIANS' PRIVATE OFFICES	852,405
5.00	RASC	10,860	6.06	ADMIN & GENERAL	10,860
TOTAL RECLASSIFICATIONS FOR CODE Q		884,493			884,493

RECLASS CODE: R
EXPLANATION : ESTABLISH LINE 90 OTHER CRC

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	422,528	6.06	ADMIN & GENERAL	422,528
2.00	OTHER CAPITAL RELATED COSTS	350,879	6.06	ADMIN & GENERAL	350,879
TOTAL RECLASSIFICATIONS FOR CODE R		773,407			773,407

RECLASS CODE: S
EXPLANATION : RECLASS NEW LIFE GRANT

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NONPAID WORKERS	255,787	99	NONPAID WORKERS	255,787
TOTAL RECLASSIFICATIONS FOR CODE S		255,787			255,787

RECLASS CODE: T
EXPLANATION : RECLASS RX SALARIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	1,864,887	16	PHARMACY	1,864,887
2.00	DRUGS CHARGED TO PATIENTS	25,058	16	PHARMACY	25,058
TOTAL RECLASSIFICATIONS FOR CODE T		1,889,945			1,889,945

RECLASS CODE: U
EXPLANATION : RECLASS NURSING ADMIN SALARIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	564,816	14	NURSING ADMINISTRATION	564,816
2.00	ADULTS & PEDIATRICS	21,999	14	NURSING ADMINISTRATION	21,999
TOTAL RECLASSIFICATIONS FOR CODE U		586,815			586,815

RECLASS CODE: V
EXPLANATION : RECLASS CHC DIRECTORS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RHC	4,145	63.01	COMMUNITY HEALTH CENTERS	4,145
2.00	PHYSICIANS' PRIVATE OFFICES	331,209	63.01	COMMUNITY HEALTH CENTERS	331,209
3.00	RHC	1,319	63.01	COMMUNITY HEALTH CENTERS	1,319
4.00	PHYSICIANS' PRIVATE OFFICES	57,542	63.01	COMMUNITY HEALTH CENTERS	57,542
TOTAL RECLASSIFICATIONS FOR CODE V		394,215			394,215

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	163,110					163,110	
2	LAND IMPROVEMENTS	1,080,146					1,080,146	1,080,146
3	BUILDINGS & FIXTURE	20,943,737					20,943,737	8,031,393
4	BUILDING IMPROVEMEN	11,383,708					11,383,708	10,094,343
5	FIXED EQUIPMENT	1,359,169					1,359,169	1,339,292
6	MOVABLE EQUIPMENT	17,378,081					17,378,081	17,378,081
7	SUBTOTAL	52,307,951					52,307,951	37,923,255
8	RECONCILING ITEMS							
9	TOTAL	52,307,951					52,307,951	37,923,255

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	7,306,564	521,957		521,957		7,828,521	
2	LAND IMPROVEMENTS	1,206,331	291,930		291,930		1,498,261	423,201
3	BUILDINGS & FIXTURE	121,769,082	17,368,535		17,368,535		139,137,617	2,876,713
4	BUILDING IMPROVEMEN	10,924,762	3,953,637		3,953,637		14,878,399	808,073
5	FIXED EQUIPMENT	1,755,189	198,176		198,176		1,953,365	312,322
6	MOVABLE EQUIPMENT	86,734,995	32,008,967		32,008,967	61,811	118,682,151	56,203,490
7	SUBTOTAL	229,696,923	54,343,202		54,343,202	61,811	283,978,314	60,623,799
8	RECONCILING ITEMS							
9	TOTAL	229,696,923	54,343,202		54,343,202	61,811	283,978,314	60,623,799

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL	34,929,870		34,929,870	.103869	36,445	43,888	
2	OLD CAP REL COSTS-MV	17,378,081		17,378,081	.051676	18,132	21,835	
3	NEW CAP REL COSTS-BL	165,296,163		165,296,163	.491535	172,470	207,686	
4	NEW CAP REL COSTS-MV	118,682,151		118,682,151	.352920	123,832	149,119	
5	TOTAL	336,286,265		336,286,265	1.000000	350,879	422,528	

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	2,515,513		-345,677	36,445	43,888		2,250,169
2	OLD CAP REL COSTS-MV	2,402,919			18,132	21,835		2,442,886
3	NEW CAP REL COSTS-BL	4,748,746			172,470	207,686		5,128,902
4	NEW CAP REL COSTS-MV	8,980,075			123,832	149,119		9,253,026
5	TOTAL	18,647,253		-345,677	350,879	422,528		19,074,983

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	18,647,253						18,647,253
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	18,647,253						18,647,253

- * All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0186
II PERIOD: I PREPARED 6/ 1/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-345,677	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-1,446	DATA PROCESSING	6.02	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-909,032			
13 SALE OF SCRAP, WASTE, ETC.	B	-3,640	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,063,020	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-2,993	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-7,097	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,365	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-15,677	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS (SPECIFY)					
38.50 NON OP OTHER GAIN/LOSS	B	-192,707	ADMIN & GENERAL	6.06	
38.55 NON OP UNRESTRICTED DONOR	B	-8,944	ADMIN & GENERAL	6.06	
39 OTHER ADJUSTMENTS (SPECIFY)					
39.01 BAD DEBT	A	-8,362	RIMMS	59.02	
39.02 BAD DEBT	A	-2,474	COMMUNITY HEALTH CENTERS	63.01	
39.03 BAD DEBT	A	-6,967	RHC	63.50	
39.04 BAD DEBT	A	-517,877	PHYSICIANS' PRIVATE OFFIC	98	
40 OTHER ADJUSTMENTS (SPECIFY)					
40.35 BARIATRIC RENT INCOME	B	-550	OPERATING ROOM	37	
40.44 MISC DIETARY INCOME					
40.50 EDUCATION REVENUE					
40.51 A/P REVENUE	B	-29,980	PURCHASING	6.03	
40.60 PRINT SHOP REVENUE	B	-2,402	ADMIN & GENERAL	6.06	
40.62 FIRST RESPONDER	B	-2,090	AMBULANCE SERVICES	65	
40.64 WOMEN'S CENTER					
40.66 FAMILY RESOURCE	B	-3,510	ADMIN & GENERAL	6.06	
40.72 ACLS REVENUE	B	-3,465	PARAMED ED PRGM-(SPECIFY)	24	
40.76 EMT REVENUE	B	-11,596	PARAMED ED PRGM-(SPECIFY)	24	
40.79 GOURMET COFFEE	B	-239,173	CAFETERIA	12	
40.80 AMBULANCE REVENUE	B	-96,466	AMBULANCE SERVICES	65	
40.82 MISC INCOME	B	-49,001	ADMIN & GENERAL	6.06	
40.97 HHA MISC INCOME					
40.98 PSYCH ASSOC DIRECTORSHIP REVENUE	B	-96,240	PHYSICIANS' PRIVATE OFFIC	98	
40.99					
41 OTHER ADJUSTMENTS (SPECIFY)					
41.01 AHA DUES	A	-17,437	ADMIN & GENERAL	6.06	
41.02 IHA DUES	A	-29,508	ADMIN & GENERAL	6.06	
41.03 VOCATIONAL TRAINING	A	-111,069	ADULTS & PEDIATRICS	25	
41.04 VOCATIONAL TRAINING	A	-42,027	OP PSY/CDU	59.01	
41.05 MHCC BENEFITS	A	-123,273	EMPLOYEE BENEFITS	5	
41.06 NON ALLOWABLE MARKETING	A	-144,957	ADMIN & GENERAL	6.06	
41.07 NON ALLOWABLE ADMIN AND GENERAL	A	-144,973	ADMIN & GENERAL	6.06	
41.10 CHARITY CARE	A	-150,332	ADMIN & GENERAL	6.06	
41.11 NON ALLOWABLE INTEREST	A	-3,907,464	INTEREST EXPENSE	88	
41.12 REAL ESTATE TAX - LEGAL FEES FOR MHC	A	-34,829	ADMIN & GENERAL	6.06	
41.13 VOCATIONAL TRAINING	A	-442	ADMIN & GENERAL	6.06	
41.14 MHCC GAINSHARE	A	-87,073	EMPLOYEE BENEFITS	5	
42 OTHER ADJUSTMENTS (SPECIFY)					
42.01 HBP - NEW LIFE PRO FEES	A	-10,767	NONPAID WORKERS	99	
42.02 HBP - PHYSICIAN SALARIES	A	-9,049,592	PHYSICIANS' PRIVATE OFFIC	98	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0186
II PERIOD: I PREPARED 6/ 1/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,476,494			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT 5	NET* ADJUST- MENTS 6	WKSHT A-7 COL. REF.
1						
2	25	ADULTS & PEDIATRICS				
3		FACILITY RENT	60,000	60,000		
4						
5		TOTALS	60,000	60,000		

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME 2	PERCENTAGE OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME 4	PERCENTAGE OF OWNERSHIP 5	TYPE OF BUSINESS 6
1					
2	A	0.00		0.00	
3	A	0.00	OAKSIDE CORPORATION	0.00	CHEMICAL DEPENDENCY
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-0186
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 6/ 1/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
3 18	AGGREGATE	29,679		29,679	154,100	201	14,891	745
5 25	AGGREGATE	169,311	99,311	70,000	154,100	700	51,861	2,593
6 26	AGGREGATE				204,100			
7 31 1	AGGREGATE	58,983	43,983	15,000	200,300	188	18,104	905
8 37	AGGREGATE	324,300		324,300	204,100	1,271	124,717	6,236
9 40	AGGREGATE				200,300			
11 42	AGGREGATE	196,154	46,154	150,000	154,100	667	49,416	2,471
12 44	AGGREGATE	75,638		75,638	219,500	828	87,378	4,369
13 49	AGGREGATE	50,035		50,035	154,100	500	37,043	1,852
15 59 1	AGGREGATE	60,364	60,364		154,100			
16 59 2	AGGREGATE	220,088	220,088		154,100			
17 59 5	AGGREGATE	5,000		5,000	154,100	50	3,704	185
18 61	AGGREGATE	91,750	91,750		154,100			
19	0							
20	0							
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,281,302	561,650	719,652		4,405	387,114	19,356

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
3 18	AGGREGATE					14,891	14,788	14,788
5 25	AGGREGATE					51,861	18,139	117,450
6 26	AGGREGATE							
7 31 1	AGGREGATE					18,104		43,983
8 37	AGGREGATE					124,717	199,583	199,583
9 40	AGGREGATE							
11 42	AGGREGATE					49,416	100,584	146,738
12 44	AGGREGATE					87,378		
13 49	AGGREGATE					37,043	12,992	12,992
15 59 1	AGGREGATE							60,364
16 59 2	AGGREGATE							220,088
17 59 5	AGGREGATE					3,704	1,296	1,296
18 61	AGGREGATE							91,750
19	0							
20	0							
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					387,114	347,382	909,032

COST ALLOCATION STATISTICS

I PROVIDER NO:
I 14-0186
II PERIOD:
I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	ACTUAL	BENEFITS	ENTERED
6.01	COMMUNICATIONS	7	PHONES		ENTERED
6.02	DATA PROCESSING	8	DEVICES		ENTERED
6.03	PURCHASING	9	REQS		ENTERED
6.05	BUSINESS OFFICE	10	CHARGES		ENTERED
6.06	ADMIN & GENERAL	-11	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	12	WORK ORDER		ENTERED
8	OPERATION OF PLANT	13	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	15	SQUARE	FEET	ENTERED
11	DIETARY	16	MEALS	SERVED	ENTERED
12	CAFETERIA	17	FTES		ENTERED
14	NURSING ADMINISTRATION	19	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED	REQUIS.	ENTERED
16	PHARMACY	21	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	23	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	29	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	COMMUNICATION S 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	2,250,169	2,250,169					
003 OLD CAP REL COSTS-MVBLE E	2,442,886		2,442,886				
004 NEW CAP REL COSTS-BLDG &	5,128,902			5,128,902			
005 NEW CAP REL COSTS-MVBLE E	9,253,026				9,253,026		
006 EMPLOYEE BENEFITS	21,230,838	12,616		23,789	100,645	21,367,888	
006 01 COMMUNICATIONS	884,232			1,418			885,650
006 02 DATA PROCESSING	5,506,022	40,842	2,396,238	77,016	2,842,669	481,052	61,718
006 03 PURCHASING	773,806	83,734		157,898	198,310	180,060	11,572
006 05 BUSINESS OFFICE	3,923,234	48,332		91,139	167,534	999,619	35,488
006 06 ADMIN & GENERAL	23,690,443	226,948		427,954	159,740	1,606,408	169,720
007 MAINTENANCE & REPAIRS	6,820,835	65,921		124,307	326,035	368,579	30,087
008 OPERATION OF PLANT	441,168	592,612		1,117,487	324,013	163,854	13,115
009 LAUNDRY & LINEN SERVICE	533,800	17,867		33,692	2,473	153,980	771
010 HOUSEKEEPING	1,935,791	10,870		20,497	37,661	507,500	6,172
011 DIETARY	1,201,571	45,735		86,243	92,522	170,120	10,801
012 CAFETERIA	697,448	41,849		78,915		296,065	
014 NURSING ADMINISTRATION	727,369				38,081	28,758	12,344
015 CENTRAL SERVICES & SUPPLY	469,228	28,526		53,792	41,986	93,859	3,086
016 PHARMACY	543,052	10,592		19,974	87,468		7,715
017 MEDICAL RECORDS & LIBRARY	1,591,290	25,406		47,908	76,194	342,944	39,345
018 SOCIAL SERVICE	300,194	2,377		4,483	88	63,559	6,943
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)	250,432	725		1,368	1,742	65,610	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,361,472	269,075		507,393	134,618	3,783,214	126,521
026 INTENSIVE CARE UNIT	2,174,726	17,424		32,856	51,987	530,432	7,715
027 CORONARY CARE UNIT	2,473,146	23,436		44,193	19,885	629,511	6,943
031 SUBPROVIDER		16,434		30,990			
031 01 SUB II - REHAB	1,434,174	35,810		67,527	12,993	370,730	10,801
033 NURSERY	1,504,547	7,745		14,605	11,875	286,963	3,086
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,567,923	70,255		132,479	819,573	1,086,044	20,830
038 RECOVERY ROOM	1,698,011	18,552		34,983	63,687	407,191	16,201
039 DELIVERY ROOM & LABOR ROO	1,234,408	23,561		44,430	127,568	305,285	4,629
040 ANESTHESIOLOGY	508,131	1,827		3,444	7,311	27,692	771
041 RADIOLOGY-DIAGNOSTIC	3,655,695	33,464		84,115	1,324,674	709,455	12,344
041 01 NUCLEAR MEDICINE-DIAGNOST	502,043	2,194		4,137	176,998	44,165	1,543
041 02 CARDIAC CATHETERIZATION L	7,917,468	15,557		29,336	664,835	268,494	3,857
041 22 CT SCAN	686,464	2,574		4,854	241,423	105,572	4,629
041 23 ULTRASOUND	516,813	2,024		3,816	181,827	127,604	3,086
041 26 MRI	278,671	5,336		10,063	98,095	41,099	4,629
042 RADIOLOGY-THERAPEUTIC	3,288,771				78,476	97,432	12,344
044 LABORATORY	6,393,896	29,149		54,965	146,819	552,035	25,459
046 WHOLE BLOOD & PACKED RED		985		1,857			
048 INTRAVENOUS THERAPY	1,544,047					175,772	1,543
049 RESPIRATORY THERAPY	1,467,823	5,605		10,569	65,206	342,738	5,400
050 PHYSICAL THERAPY	2,723,362	82,033		154,690	27,897	575,658	22,373
053 ELECTROCARDIOLOGY	510,147	12,455		23,485	82,182	141,281	12,344
055 MEDICAL SUPPLIES CHARGED	953,730						
056 DRUGS CHARGED TO PATIENTS	5,481,317					456,372	
058 01 RENAL DIALYSIS (IP)	491,768						
059 CARDIAC REHAB	223,891	8,202		15,466	6,525	65,936	3,086
059 01 OP PSY/CDU	789,977	52,513		99,024	3,126	212,967	
059 02 RIMMS	494,829	17,688		33,354	8,897	122,820	9,258
059 03 GENETIC/OAK PLAZA CLINICS							13,886
059 04 PAIN CLINIC							
059 05 DIABETES	154,842	2,212		4,170	3,267	37,818	3,086
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,205,569	38,881		73,318	123,114	682,744	40,888
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	1,917,295				18,229	146,298	
063 01 COMMUNITY HEALTH CENTERS	8,219			249,619	68,606		1,543
063 02 RASC	1,664,170						
063 50 RHC	197,986	26,024		49,073	646	52,694	3,086
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,114,368	27,980	46,648	52,762	71,078	583,825	3,086
071 HOME HEALTH AGENCY	2,530,264	12,750		24,043	45,162	684,937	14,658
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	183,265,699	2,116,697	2,442,886	4,263,496	9,184,135	19,176,745	808,502
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		5,748		10,839			
097 RESEARCH							
097 01 SENIOR ADVAN	50,623				3,935	17,125	
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	5,440,940	124,939		544,360	60,243	2,077,345	37,031
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS	-129,268	2,785		310,207	4,713	96,673	40,117
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	188,627,994	2,250,169	2,442,886	5,128,902	9,253,026	21,367,888	885,650

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.05	6a.05	6.06	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	11,405,557						
006 03 PURCHASING	162,472	1,567,852					
006 05 BUSINESS OFFICE	1,570,566	560	6,836,472				
006 06 ADMIN & GENERAL	1,592,237	4,048	12,390	27,889,888	27,889,888		
007 MAINTENANCE & REPAIRS	227,461	3,001		7,966,226	1,396,695	9,362,921	
008 OPERATION OF PLANT	184,135	49		2,836,433	497,303	2,000	3,335,736
009 LAUNDRY & LINEN SERVICE		248		742,831	130,238		50,544
010 HOUSEKEEPING	64,989	785		2,584,265	453,091		30,749
011 DIETARY	108,315	482		1,715,789	300,824		129,380
012 CAFETERIA				1,114,277	195,363		118,388
014 NURSING ADMINISTRATION	119,146	204		925,902	162,336		
015 CENTRAL SERVICES & SUPPLY	54,157	8,676		753,310	132,076	72,007	80,698
016 PHARMACY	205,798	15,060		889,659	155,981		29,964
017 MEDICAL RECORDS & LIBRARY	314,113	136		2,437,336	427,331		71,871
018 SOCIAL SERVICE	227,461	15		605,120	106,094		6,725
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)		19		319,896	56,086	108,011	2,052
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,050,654	15,393	464,555	20,712,895	3,631,530	656,065	807,679
026 INTENSIVE CARE UNIT	86,652	3,226	52,148	2,957,166	518,471	128,013	49,290
027 CORONARY CARE UNIT	97,483	3,307	52,224	3,350,128	587,368	284,028	66,299
031 SUBPROVIDER				47,424	8,315		
031 01 SUB II - REHAB	162,472	1,086	45,088	2,140,681	375,319	28,003	101,303
033 NURSERY	32,494	4,548	17,900	1,883,763	330,275	192,019	21,910
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	270,787	689,053	856,875	21,513,819	3,771,881	1,264,124	198,744
038 RECOVERY ROOM	151,641	3,455	145,000	2,538,721	445,106	188,018	52,482
039 DELIVERY ROOM & LABOR ROO	43,326	7,350	43,511	1,834,068	321,562	204,020	66,653
040 ANESTHESIOLOGY		18,912	264,371	832,459	145,953	534,053	5,167
041 RADIOLOGY-DIAGNOSTIC	249,124	21,947	449,326	6,540,144	1,146,664	1,108,109	94,667
041 01 NUCLEAR MEDICINE-DIAGNOST	10,831	15,627	70,817	828,355	145,233		6,206
041 02 CARDIAC CATHETERIZATION L	21,663	396,912	729,981	10,048,103	1,761,704	478,047	44,009
041 22 CT SCAN	86,652	9,745	424,081	1,565,994	274,561	28,003	7,282
041 23 ULTRASOUND	64,989	1,923	97,811	999,893	175,308		5,724
041 26 MRI	97,483	5,179	118,328	658,883	115,520		15,096
042 RADIOLOGY-THERAPEUTIC	119,146	1,720	186,855	3,784,744	663,568	66,006	
044 LABORATORY	671,552	234,838	684,117	8,792,830	1,541,621	318,031	82,458
046 WHOLE BLOOD & PACKED RED				2,842	498		2,786
048 INTRAVENOUS THERAPY	32,494	13,899	81,393	1,849,148	324,206	1,030,101	
049 RESPIRATORY THERAPY	86,652	10,529	156,131	2,150,653	377,068	546,054	15,856
050 PHYSICAL THERAPY	671,552	15,636	147,131	4,420,332	775,004	572,056	232,064
053 ELECTROCARDIOLOGY	129,978	1,146	128,107	1,041,125	182,537	346,034	35,233
055 MEDICAL SUPPLIES CHARGED			125,549	1,079,279	189,227		
056 DRUGS CHARGED TO PATIENTS			525,376	6,463,065	1,133,150		
058 01 RENAL DIALYSIS (IP)			7,025	498,793	87,452		
059 CARDIAC REHAB	75,820	128	9,752	408,806	71,675	174,017	23,201
059 01 OP PSY/CDU	129,978	674	60,068	1,348,327	236,398		148,554
059 02 RIMMS		5,906	11,859	704,611	123,537	42,004	50,037
059 03 GENETIC/OAK PLAZA CLINICS				13,886	2,435		
059 04 PAIN CLINIC				3,267	573		
059 05 DIABETES	54,157	3	3,762	260,445	45,663		6,256
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	270,787	22,207	401,720	4,859,228	851,954	410,040	109,991
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION		4,089	103,765	2,189,676	383,909	144,014	
063 01 COMMUNITY HEALTH CENTERS	920,676	30	1,386	1,250,079	219,173		
063 02 RASC				1,664,170			
063 50 RHC	75,820	75	1,705	407,109	71,377	8,001	73,619
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	75,820	822	41,405	3,017,794	529,101	118,012	79,153
071 HOME HEALTH AGENCY	379,102	1,708		3,692,624	647,417	28,003	36,068
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,950,635	1,544,356	6,521,512	179,136,261	26,225,731	9,076,893	2,958,158
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				16,587	2,908		16,261
097 RESEARCH							
097 01 SENIOR ADVAN		6		71,689	12,569		
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	205,798	21,527	314,960	8,827,143	1,547,637	284,028	353,440
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS	249,124	1,963		576,314	101,043	2,000	7,877
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,405,557	1,567,852	6,836,472	188,627,994	27,889,888	9,362,921	3,335,736

COST-CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA		NURSING ADMIN ISTRATION		CENTRAL SERVI CES & SUPPLY		PHARMACY	
	9	10	11	12	14	15	16							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
006 01 COMMUNICATIONS														
006 02 DATA PROCESSING														
006 03 PURCHASING														
006 05 BUSINESS OFFICE														
006 06 ADMIN & GENERAL														
007 MAINTENANCE & REPAIRS														
008 OPERATION OF PLANT														
009 LAUNDRY & LINEN SERVICE	923,613													
010 HOUSEKEEPING		3,068,105												
011 DIETARY	5,989	121,973	2,273,955											
012 CAFETERIA		111,609		1,539,637										
014 NURSING ADMINISTRATION				70,017	1,158,255									
015 CENTRAL SERVICES & SUPPLY	51,501	76,078		17,283	14,476	1,197,429								
016 PHARMACY		28,249		53,944									1,157,797	
017 MEDICAL RECORDS & LIBRARY		67,756												
018 SOCIAL SERVICE		6,340		28,046										
022 I&R SERVICES-SALARY & FRI														
024 PARAMED ED PRGM-(SPECIFY)		1,934			5,811									
025 INPAT ROUTINE SRVC CNTRS														
025 ADULTS & PEDIATRICS	397,507	761,432	1,876,284	507,567	452,202		385							
026 INTENSIVE CARE UNIT	54,753	46,468	60,240	63,237	52,966		2,364							
027 CORONARY CARE UNIT	64,263	62,503	84,179	66,522	55,718		516							
031 SUBPROVIDER														
031 01 SUB II - REHAB	63,217	95,503	160,420	51,208	42,891		4							
033 NURSERY		20,655		30,939	25,913		260							
037 ANCILLARY SRVC COST CNTRS														
037 OPERATING ROOM	41,782	187,364		118,052	101,211		34,805							
038 RECOVERY ROOM	20,658	49,477		41,866	35,066		12,165							
039 DELIVERY ROOM & LABOR ROO		62,837		38,399	32,163		513							
040 ANESTHESIOLOGY	8,385	4,871		4,139	3,467		13,968							
041 RADIOLOGY-DIAGNOSTIC	40,231	89,247		67,075			55,638							
041 01 NUCLEAR MEDICINE-DIAGNOST	5,447	5,850		5,482			2,084							
041 02 CARDIAC CATHETERIZATION L	14,078	41,489		30,443	25,499		12,286							
041 22 CT SCAN	7,430	6,865		16,886			1,268							
041 23 ULTRASOUND	5,596	5,397		12,556			190							
041 26 MRI	3,019	14,232		5,482			370							
042 RADIOLOGY-THERAPEUTIC				12,738			486,957							
044 LABORATORY		77,737		87,270			138							
046 WHOLE BLOOD & PACKED RED		2,627												
048 INTRAVENOUS THERAPY				4,502	3,771		117,144							
049 RESPIRATORY THERAPY	3,237	14,948		38,681	32,399		1,246							
050 PHYSICAL THERAPY	14,690	218,777		33,998	58,131		121							
053 ELECTROCARDIOLOGY	6,251	33,215		19,138	16,029		596							
055 MEDICAL SUPPLIES CHARGED						1,197,429								
056 DRUGS CHARGED TO PATIENTS														
058 01 RENAL DIALYSIS (IP)														
059 CARDIAC REHAB		21,873		6,882	5,765									
059 01 OP PSY/CDU		140,049			30,616		2							
059 02 RIMMS	1,700	47,172					10,074							
059 03 GENETIC/OAK PLAZA CLINICS														
059 04 PAIN CLINIC														
059 05 DIABETES		5,898												
061 OUTPAT SERVICE COST CNTRS														
061 EMERGENCY	66,446	103,693	13,416	91,398	76,553		7,722							
062 OBSERVATION BEDS (NON-DIS														
063 INFUSION				15,887			309,683							
063 01 COMMUNITY HEALTH CENTERS	2,145													
063 02 RASC														
063 50 RHC		69,403					309							
065 OTHER REIMBURS COST CNTRS														
071 AMBULANCE SERVICES	11,776	74,621			79,135									
071 HOME HEALTH AGENCY		34,003					1,097							
095 SPEC PURPOSE COST CENTERS														
095 SUBTOTALS	890,101	2,712,145	2,194,539	1,539,637	1,149,782	1,197,429	1,071,905							
096 NONREIMBURS COST CENTERS														
097 GIFT, FLOWER, COFFEE SHOP		15,330												
097 RESEARCH														
097 01 SENIOR ADVAN														
097 02 CARE-A-VAN														
098 PHYSICIANS' PRIVATE OFFIC	33,512	333,204			8,473		66,887							
098 01 REFERENCE LAB														
098 02 MEALS ON WHEELS			79,416											
099 NONPAID WORKERS		7,426					19,005							
101 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 TOTAL	923,613	3,068,105	2,273,955	1,539,637	1,158,255	1,197,429	1,157,797							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
	17	18	22	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	3,004,294						
018 SOCIAL SERVICE		752,325					
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)				493,790			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	204,525	447,382		140,340	30,595,793		30,595,793
026 INTENSIVE CARE UNIT	22,959	16,919		41,582	4,014,428		4,014,428
027 CORONARY CARE UNIT	22,992	12,827		83,165	4,740,508		4,740,508
031 SUBPROVIDER					55,739		55,739
031 01 SUB II - REHAB	19,850	258,435		5,198	3,342,032		3,342,032
033 NURSERY	7,881				2,513,615		2,513,615
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	377,166	13,614		20,791	27,643,353		27,643,353
038 RECOVERY ROOM	63,838				3,447,397		3,447,397
039 DELIVERY ROOM & LABOR ROO	19,156				2,579,371		2,579,371
040 ANESTHESIOLOGY	116,392				1,668,854		1,668,854
041 RADIOLOGY-DIAGNOSTIC	197,821				9,339,596		9,339,596
041 01 NUCLEAR MEDICINE-DIAGNOST	31,178				1,029,835		1,029,835
041 02 CARDIAC CATHETERIZATION L	321,382				12,777,040		12,777,040
041 22 CT SCAN	186,706				2,094,995		2,094,995
041 23 ULTRASOUND	43,062				1,247,726		1,247,726
041 26 MRI	52,095				864,697		864,697
042 RADIOLOGY-THERAPEUTIC	82,265				5,096,278		5,096,278
044 LABORATORY	301,190				11,201,275		11,201,275
046 WHOLE BLOOD & PACKED RED					8,753		8,753
048 INTRAVENOUS THERAPY	35,834				3,364,706		3,364,706
049 RESPIRATORY THERAPY	68,738			36,385	3,285,265		3,285,265
050 PHYSICAL THERAPY	64,776				6,389,949		6,389,949
053 ELECTROCARDIOLOGY	56,401				1,736,559		1,736,559
055 MEDICAL SUPPLIES CHARGED	55,274				2,521,209		2,521,209
056 DRUGS CHARGED TO PATIENTS	231,302				7,827,517		7,827,517
058 01 RENAL DIALYSIS (IP)	3,093				589,338		589,338
059 CARDIAC REHAB	4,294				716,513		716,513
059 01 OP PSY/CDU	26,446				1,930,392		1,930,392
059 02 RIMMS	5,221				984,356		984,356
059 03 GENETIC/OAK PLAZA CLINICS					16,321		16,321
059 04 PAIN CLINIC					3,840		3,840
059 05 DIABETES	1,656				319,918		319,918
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	176,862			166,329	6,933,632		6,933,632
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	45,684				3,088,853		3,088,853
063 01 COMMUNITY HEALTH CENTERS	610				1,472,007		1,472,007
063 02 RASC					1,664,170		1,664,170
063 50 RHC	751				630,569		630,569
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	18,229				3,927,821		3,927,821
071 HOME HEALTH AGENCY					4,439,212		4,439,212
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,865,629	749,177		493,790	176,103,432		176,103,432
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					51,086		51,086
097 RESEARCH							
097 01 SENIOR ADVAN					84,258		84,258
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	138,665				11,592,989		11,592,989
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS					79,416		79,416
099 NONPAID WORKERS		3,148			716,813		716,813
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,004,294	752,325		493,790	188,627,994		188,627,994

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ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART II

	COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		12,616				12,616	12,616
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING		40,842	2,396,238			2,437,080	284
006	03 PURCHASING		83,734				83,734	106
006	05 BUSINESS OFFICE		48,332				48,332	590
006	06 ADMIN & GENERAL		226,948				226,948	948
007	MAINTENANCE & REPAIRS		65,921				65,921	217
008	OPERATION OF PLANT		592,612				592,612	97
009	LAUNDRY & LINEN SERVICE		17,867				17,867	91
010	HOUSEKEEPING		10,870				10,870	299
011	DIETARY		45,735				45,735	100
012	CAFETERIA		41,849				41,849	175
014	NURSING ADMINISTRATION							17
015	CENTRAL SERVICES & SUPPLY		28,526				28,526	55
016	PHARMACY		10,592				10,592	
017	MEDICAL RECORDS & LIBRARY		25,406				25,406	202
018	SOCIAL SERVICE		2,377				2,377	37
022	I&R SERVICES-SALARY & FRI							
024	PARAMED ED PRGM-(SPECIFY)		725				725	39
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		269,075				269,075	2,245
026	INTENSIVE CARE UNIT		17,424				17,424	313
027	CORONARY CARE UNIT		23,436				23,436	371
031	SUBPROVIDER		16,434				16,434	
031	01 SUB II - REHAB		35,810				35,810	219
033	NURSERY		7,745				7,745	169
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		70,255				70,255	641
038	RECOVERY ROOM		18,552				18,552	240
039	DELIVERY ROOM & LABOR ROO		23,561				23,561	180
040	ANESTHESIOLOGY		1,827				1,827	16
041	RADIOLOGY-DIAGNOSTIC		33,464				33,464	419
041	01 NUCLEAR MEDICINE-DIAGNOST		2,194				2,194	26
041	02 CARDIAC CATHETERIZATION L		15,557				15,557	158
041	22 CT SCAN		2,574				2,574	62
041	23 ULTRASOUND		2,024				2,024	75
041	26 MRI		5,336				5,336	24
042	RADIOLOGY-THERAPEUTIC							57
044	LABORATORY		29,149				29,149	326
046	WHOLE BLOOD & PACKED RED		985				985	
048	INTRAVENOUS THERAPY							104
049	RESPIRATORY THERAPY		5,605				5,605	202
050	PHYSICAL THERAPY		82,033				82,033	340
053	ELECTROCARDIOLOGY		12,455				12,455	83
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							269
058	01 RENAL DIALYSIS (IP)							
059	CARDIAC REHAB		8,202				8,202	39
059	01 OP PSY/CDO		52,513				52,513	126
059	02 RIMMS		17,688				17,688	72
059	03 GENETIC/OAK PLAZA CLINICS							
059	04 PAIN CLINIC							
059	05 DIABETES		2,212				2,212	22
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		38,881				38,881	403
062	OBSERVATION BEDS (NON-DIS							
063	INFUSION							86
063	01 COMMUNITY HEALTH CENTERS							
063	02 RASC							
063	50 RHC		26,024				26,024	31
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES		27,980	46,648			74,628	344
071	HOME HEALTH AGENCY		12,750				12,750	404
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		2,116,697	2,442,886			4,559,583	11,323
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		5,748				5,748	
097	RESEARCH							
097	01 SENIOR ADVAN							10
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE OFFIC		124,939				124,939	1,226
098	01 REFERENCE LAB							
098	02 MEALS ON WHEELS							
099	NONPAID WORKERS		2,785				2,785	57
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		2,250,169	2,442,886			4,693,055	12,616

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 I PERIOD: 1/ 1/2008
 I FROM 1/ 1/2008
 I TO 12/31/2008
 I PREPARED 6/ 1/2009
 I WORKSHEET B
 I PART II

		COMMUNICATION	DATA	PROCESSI	PURCHASING	BUSINESS OFFI	ADMIN & GENER	MAINTENANCE &	OPERATION OF
COST CENTER DESCRIPTION		S	NG			CE	AL	REPAIRS	PLANT
		6.01	6.02	6.03	6.05	6.06	7	8	
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
006	01 COMMUNICATIONS								
006	02 DATA PROCESSING		2,437,364						
006	03 PURCHASING		34,720	118,560					
006	05 BUSINESS OFFICE		335,629	42	384,593				
006	06 ADMIN & GENERAL		340,260	306	696	569,158			
007	MAINTENANCE & REPAIRS		48,608	227		28,503	143,476		
008	OPERATION OF PLANT		39,350	4		10,149	31	642,243	
009	LAUNDRY & LINEN SERVICE			19		2,658		9,731	
010	HOUSEKEEPING		13,888	59		9,247		5,920	
011	DIETARY		23,147	36		6,139		24,910	
012	CAFETERIA					3,987		22,794	
014	NURSING ADMINISTRATION		25,462	15		3,313			
015	CENTRAL SERVICES & SUPPLY		11,573	656		2,695	1,103	15,537	
016	PHARMACY		43,979	1,139		3,183		5,769	
017	MEDICAL RECORDS & LIBRARY		67,126	10		8,721		13,838	
018	SOCIAL SERVICE		48,608	1		2,165		1,295	
022	I&R SERVICES-SALARY & FRI								
024	PARAMED ED PRGM-(SPECIFY)			1		1,145	1,655	395	
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS		224,525	1,164	26,115	74,111	10,053	155,505	
026	INTENSIVE CARE UNIT		18,517	244	2,931	10,581	1,962	9,490	
027	CORONARY CARE UNIT		20,832	250	2,936	11,987	4,352	12,765	
031	SUBPROVIDER					170			
031	01 SUB II - REHAB		34,720	82	2,535	7,659	429	19,504	
033	NURSERY		6,944	344	1,006	6,740	2,942	4,218	
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM		57,867	52,107	48,449	76,963	19,373	38,265	
038	RECOVERY ROOM		32,406	261	8,151	9,084	2,881	10,105	
039	DELIVERY ROOM & LABOR ROO		9,259	556	2,446	6,562	3,126	12,833	
040	ANESTHESIOLOGY			1,430	14,862	2,979	8,184	995	
041	RADIOLOGY-DIAGNOSTIC		53,238	1,660	25,259	23,401	16,980	18,227	
041	01 NUCLEAR MEDICINE-DIAGNOST		2,315	1,182	3,981	2,964		1,195	
041	02 CARDIAC CATHETERIZATION L		4,629	30,015	41,036	35,952	7,326	8,473	
041	22 CT SCAN		18,517	737	23,840	5,603	429	1,402	
041	23 ULTRASOUND		13,888	145	5,498	3,578		1,102	
041	26 MRI		20,832	392	6,652	2,357		2,907	
042	RADIOLOGY-THERAPEUTIC		25,462	130	10,504	13,542	1,011		
044	LABORATORY		143,511	17,759	38,458	31,461	4,873	15,876	
046	WHOLE BLOOD & PACKED RED					10		536	
048	INTRAVENOUS THERAPY		6,944	1,051	4,575	6,616	15,785		
049	RESPIRATORY THERAPY		18,517	796	8,777	7,695	8,368	3,053	
050	PHYSICAL THERAPY		143,511	1,182	8,271	15,816	8,766	44,680	
053	ELECTROCARDIOLOGY		27,776	87	7,202	3,725	5,303	6,783	
055	MEDICAL SUPPLIES CHARGED				7,058	3,862			
056	DRUGS CHARGED TO PATIENTS				29,534	23,125			
058	01 RENAL DIALYSIS (IP)				395	1,785			
059	CARDIAC REHAB		16,203	10	548	1,463	2,667	4,467	
059	01 OP PSY/CDU		27,776	51	3,377	4,824		28,602	
059	02 RIMMS			447	667	2,521	644	9,634	
059	03 GENETIC/OAK PLAZA CLINICS					50			
059	04 PAIN CLINIC					12			
059	05 DIABETES		11,573		211	932		1,205	
	OUTPAT SERVICE COST CNTRS								
061	EMERGENCY		57,867	1,679	22,583	17,386	6,283	21,177	
062	OBSERVATION BEDS (NON-DIS								
063	INFUSION			309	5,833	7,835	2,207		
063	01 COMMUNITY HEALTH CENTERS		196,748	2	78	4,473			
063	02 RASC								
063	50 RHC		16,203	6	96	1,457	123	14,174	
	OTHER REIMBURS COST CNTRS								
065	AMBULANCE SERVICES		16,203	62	2,328	10,798	1,808	15,240	
071	HOME HEALTH AGENCY		81,014	129		13,212	429	6,944	
	SPEC PURPOSE COST CENTERS								
095	SUBTOTALS		2,340,147	116,784	366,888	535,196	139,093	569,546	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP					59		3,131	
097	RESEARCH								
097	01 SENIOR ADVAN					257			
097	02 CARE-A-VAN								
098	PHYSICIANS' PRIVATE OFFIC		43,979	1,628	17,705	31,584	4,352	68,049	
098	01 REFERENCE LAB								
098	02 MEALS ON WHEELS								
099	NONPAID WORKERS		53,238	148		2,062	31	1,517	
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL		2,437,364	118,560	384,593	569,158	143,476	642,243	

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ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10					
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	30,366						
010 HOUSEKEEPING		40,283					
011 DIETARY	197	1,601	101,865				
012 CAFETERIA		1,465		70,270			
014 NURSING ADMINISTRATION				3,196	32,003		
015 CENTRAL SERVICES & SUPPLY	1,693	999		789	400	64,026	
016 PHARMACY		371		2,462			67,495
017 MEDICAL RECORDS & LIBRARY		890					
018 SOCIAL SERVICE		83		1,280			
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)		25			161		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,068	9,999	84,050	23,168	12,494		22
026 INTENSIVE CARE UNIT	1,800	610	2,699	2,886	1,463		138
027 CORONARY CARE UNIT	2,113	821	3,771	3,036	1,539		30
031 SUBPROVIDER							
031 01 SUB II - REHAB	2,078	1,254	7,186	2,337	1,185		
033 NURSERY		271		1,412	716		15
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,374	2,460		5,388	2,797		2,029
038 RECOVERY ROOM	679	650		1,911	969		709
039 DELIVERY ROOM & LABOR ROO		825		1,753	889		30
040 ANESTHESIOLOGY	276	64		189	96		814
041 RADIOLOGY-DIAGNOSTIC	1,323	1,172		3,061			3,243
041 01 NUCLEAR MEDICINE-DIAGNOST	179	77		250			122
041 02 CARDIAC CATHETERIZATION L	463	545		1,389	705		716
041 22 CT SCAN	244	90		771			74
041 23 ULTRASOUND	184	71		573			11
041 26 MRI	99	187		250			22
042 RADIOLOGY-THERAPEUTIC				581			28,389
044 LABORATORY		1,021		3,983			8
046 WHOLE BLOOD & PACKED RED		34					
048 INTRAVENOUS THERAPY				205	104		6,829
049 RESPIRATORY THERAPY	106	196		1,765	895		73
050 PHYSICAL THERAPY	483	2,872		1,552	1,606		7
053 ELECTROCARDIOLOGY	206	436		873	443		35
055 MEDICAL SUPPLIES CHARGED						64,026	
056 DRUGS CHARGED TO PATIENTS							
058 01 RENAL DIALYSIS (IP)							
059 CARDIAC REHAB		287		314	159		
059 01 OP PSY/CBU		1,839			846		
059 02 RIMMS	56	619					587
059 03 GENETIC/OAK PLAZA CLINICS							
059 04 PAIN CLINIC							
059 05 DIABETES		77					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,185	1,361	601	4,171	2,115		450
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION				725			18,053
063 01 COMMUNITY HEALTH CENTERS	71						
063 02 RASC							
063 50 RHC		911					18
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	387	980			2,187		
071 HOME HEALTH AGENCY		446					64
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	29,264	35,609	98,307	70,270	31,769	64,026	62,488
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		201					
097 RESEARCH							
097 01 SENIOR ADVAN							
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	1,102	4,375			234		3,899
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS			3,558				
099 NONPAID WORKERS		98					1,108
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	30,366	40,283	101,865	70,270	32,003	64,026	67,495

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	22	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING						
006 05 BUSINESS OFFICE						
006 06 ADMIN & GENERAL						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	116,193					
018 SOCIAL SERVICE		55,846				
022 I&R SERVICES-SALARY & FRI						
024 PARAMED ED PRGM-(SPECIFY)				4,146		
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	7,917	33,209		946,720		946,720
026 INTENSIVE CARE UNIT	889	1,256		73,203		73,203
027 CORONARY CARE UNIT	890	952		90,081		90,081
031 SUBPROVIDER				16,604		16,604
031 01 SUB II - REHAB	768	19,184		134,950		134,950
033 NURSERY	305			32,827		32,827
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	14,493	1,011		393,472		393,472
038 RECOVERY ROOM	2,471			89,069		89,069
039 DELIVERY ROOM & LABOR ROO	742			62,762		62,762
040 ANESTHESIOLOGY	4,506			36,238		36,238
041 RADIOLOGY-DIAGNOSTIC	7,658			189,105		189,105
041 01 NUCLEAR MEDICINE-DIAGNOST	1,207			15,692		15,692
041 02 CARDIAC CATHETERIZATION L	12,441			159,405		159,405
041 22 CT SCAN	7,228			61,571		61,571
041 23 ULTRASOUND	1,667			28,816		28,816
041 26 MRI	2,017			41,075		41,075
042 RADIOLOGY-THERAPEUTIC	3,185			82,861		82,861
044 LABORATORY	11,659			298,084		298,084
046 WHOLE BLOOD & PACKED RED				1,565		1,565
048 INTRAVENOUS THERAPY	1,387			43,600		43,600
049 RESPIRATORY THERAPY	2,661			58,709		58,709
050 PHYSICAL THERAPY	2,508			313,627		313,627
053 ELECTROCARDIOLOGY	2,183			67,590		67,590
055 MEDICAL SUPPLIES CHARGED	2,140			77,086		77,086
056 DRUGS CHARGED TO PATIENTS	8,954			61,882		61,882
058 01 RENAL DIALYSIS (IP)	120			2,300		2,300
059 CARDIAC REHAB	166			34,525		34,525
059 01 OP PSY/CDU	1,024			120,978		120,978
059 02 RIMMS	202			33,137		33,137
059 03 GENETIC/OAK PLAZA CLINICS				50		50
059 04 PAIN CLINIC				12		12
059 05 DIABETES	64			16,296		16,296
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	6,846			183,988		183,988
062 OBSERVATION BEDS (NON-DIS						
063 INFUSION	1,768			36,816		36,816
063 01 COMMUNITY HEALTH CENTERS	24			201,396		201,396
063 02 RASC						
063 50 RHC	29			59,072		59,072
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	706			125,671		125,671
071 HOME HEALTH AGENCY				115,392		115,392
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	110,825	55,612		4,306,227		4,306,227
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				9,139		9,139
097 RESEARCH						
097 01 SENIOR ADVAN				267		267
097 02 CARE-A-VAN						
098 PHYSICIANS' PRIVATE OFFIC	5,368			308,440		308,440
098 01 REFERENCE LAB						
098 02 MEALS ON WHEELS				3,558		3,558
099 NONPAID WORKERS		234		61,278		61,278
101 CROSS FOOT ADJUSTMENTS				4,146		4,146
102 NEGATIVE COST CENTER						
103 TOTAL	116,193	55,846		4,146	4,693,055	4,693,055

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ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
		0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				23,789	100,645	124,434	124,434
006	01 COMMUNICATIONS				1,418		1,418	
006	02 DATA PROCESSING	2,361			77,016	2,842,669	2,922,046	2,801
006	03 PURCHASING	450,368			157,898	198,310	806,576	1,049
006	05 BUSINESS OFFICE				91,139	167,534	258,673	5,821
006	06 ADMIN & GENERAL				427,954	159,740	587,694	9,355
007	MAINTENANCE & REPAIRS	4,209			124,307	326,035	454,551	2,146
008	OPERATION OF PLANT				1,117,487	324,013	1,441,500	954
009	LAUNDRY & LINEN SERVICE				33,692	2,473	36,165	897
010	HOUSEKEEPING				20,497	37,661	58,158	2,955
011	DIETARY	2,882			86,243	92,522	181,647	991
012	CAFETERIA				78,915		78,915	1,724
014	NURSING ADMINISTRATION					38,081	38,081	167
015	CENTRAL SERVICES & SUPPLY				53,792	41,986	95,778	547
016	PHARMACY	158,101			19,974	87,468	265,543	
017	MEDICAL RECORDS & LIBRARY	72,176			47,908	76,194	196,278	1,997
018	SOCIAL SERVICE				4,483	88	4,571	370
022	I&R SERVICES-SALARY & FRI							
024	PARAMED ED PRGM-(SPECIFY)				1,368	1,742	3,110	382
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	60,875			507,393	134,618	702,886	22,032
026	INTENSIVE CARE UNIT	455			32,856	51,987	85,298	3,089
027	CORONARY CARE UNIT	1,623			44,193	19,885	65,701	3,666
031	SUBPROVIDER				30,990		30,990	
031	01 SUB II - REHAB	73			67,527	12,993	80,593	2,159
033	NURSERY				14,605	11,875	26,480	1,671
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	25,326			132,479	819,573	977,378	6,324
038	RECOVERY ROOM				34,983	63,687	98,670	2,371
039	DELIVERY ROOM & LABOR ROO				44,430	127,568	171,998	1,778
040	ANESTHESIOLOGY	56,336			3,444	7,311	67,091	161
041	RADIOLOGY-DIAGNOSTIC	3,864			84,115	1,324,674	1,412,653	4,131
041	01 NUCLEAR MEDICINE-DIAGNOST				4,137	176,998	181,135	257
041	02 CARDIAC CATHETERIZATION L	656			29,336	664,835	694,827	1,564
041	22 CT SCAN				4,854	241,423	246,277	615
041	23 ULTRASOUND				3,816	181,827	185,643	743
041	26 MRI				10,063	98,095	108,158	239
042	RADIOLOGY-THERAPEUTIC					78,476	78,476	567
044	LABORATORY	1,321			54,965	146,819	203,105	3,215
046	WHOLE BLOOD & PACKED RED				1,857		1,857	
048	INTRAVENOUS THERAPY							1,024
049	RESPIRATORY THERAPY	29,346			10,569	65,206	105,121	1,996
050	PHYSICAL THERAPY	137,050			154,690	27,897	319,637	3,352
053	ELECTROCARDIOLOGY	127			23,485	82,182	105,794	823
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							2,658
058	01 RENAL DIALYSIS (IP)							
059	CARDIAC REHAB	948			15,466	6,525	22,939	384
059	01 OP PSY/CDU				99,024	3,126	102,150	1,240
059	02 RIMMS				33,354	8,897	42,251	715
059	03 GENETIC/OAK PLAZA CLINICS							
059	04 PAIN CLINIC					3,267	3,267	
059	05 DIABETES				4,170	395	4,565	220
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	1,988			73,318	123,114	198,420	3,976
062	OBSERVATION BEDS (NON-DIS							
063	INFUSION	13,224				18,229	31,453	852
063	01 COMMUNITY HEALTH CENTERS				249,619	68,606	318,225	
063	02 RASC							
063	50 RHC				49,073	646	49,719	307
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	732			52,762	71,078	124,572	3,400
071	HOME HEALTH AGENCY				24,043	45,162	69,205	3,989
095	SUBTOTALS	1,024,041			4,263,496	9,184,135	14,471,672	111,674
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				10,839		10,839	
097	RESEARCH							
097	01 SENIOR ADVAN					3,935	3,935	100
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE OFFIC	35,451			544,360	60,243	640,054	12,097
098	01 REFERENCE LAB							
098	02 MEALS ON WHEELS							
099	NONPAID WORKERS				310,207	4,713	314,920	563
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,059,492			5,128,902	9,253,026	15,441,420	124,434

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ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	COMMUNICATION DATA PROCESSI PURCHASING BUSINESS OFFI ADMIN & GENER MAINTENANCE & OPERATION OF							
	S	NG	CE	AL	REPAIRS	PLANT		
	6.01	6.02	6.03	6.05	6.06	7	8	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS	1,418							
006 02 DATA PROCESSING	99	2,924,946						
006 03 PURCHASING	19	41,666	849,310					
006 05 BUSINESS OFFICE	57	402,770	303	667,624				
006 06 ADMIN & GENERAL	275	408,326	2,193	1,209	1,009,052			
007 MAINTENANCE & REPAIRS	48	58,332	1,626		50,530	567,233		
008 OPERATION OF PLANT	21	47,221	26		17,991	121	1,507,834	
009 LAUNDRY & LINEN SERVICE	1		135		4,712		22,847	
010 HOUSEKEEPING	10	16,666	425		16,392		13,899	
011 DIETARY	17	27,777	261		10,883		58,483	
012 CAFETERIA					7,068		53,514	
014 NURSING ADMINISTRATION	20	30,555	111		5,873			
015 CENTRAL SERVICES & SUPPLY	5	13,889	4,700		4,778	4,362	36,478	
016 PHARMACY	12	52,777	8,158		5,643		13,545	
017 MEDICAL RECORDS & LIBRARY	63	80,554	74		15,460		32,487	
018 SOCIAL SERVICE	11	58,332	8		3,838		3,040	
022 I&R SERVICES-SALARY & FRI								
024 PARAMED ED PRGM-(SPECIFY)			10		2,029	6,544	927	
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	203	269,439	8,338	45,349	131,382	39,746	365,088	
026 INTENSIVE CARE UNIT	12	22,222	1,747	5,091	18,757	7,755	22,280	
027 CORONARY CARE UNIT	11	25,000	1,791	5,098	21,250	17,207	29,969	
031 SUBPROVIDER					301			
031 01 SUB II - REHAB	17	41,666	588	4,401	13,578	1,696	45,792	
033 NURSERY	5	8,333	2,464	1,747	11,949	11,633	9,904	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	33	69,443	373,262	83,910	136,511	76,588	89,837	
038 RECOVERY ROOM	26	38,888	1,872	14,155	16,103	11,391	23,723	
039 DELIVERY ROOM & LABOR ROO	7	11,111	3,982	4,247	11,633	12,360	30,129	
040 ANESTHESIOLOGY	1		10,245	25,807	5,280	32,354	2,336	
041 RADIOLOGY-DIAGNOSTIC	20	63,888	11,889	43,862	41,484	67,132	42,792	
041 01 NUCLEAR MEDICINE-DIAGNOST	2	2,778	8,465	6,913	5,254		2,805	
041 02 CARDIAC CATHETERIZATION L	6	5,555	215,008	71,259	63,735	28,961	19,893	
041 22 CT SCAN	7	22,222	5,279	41,398	9,933	1,696	3,292	
041 23 ULTRASOUND	5	16,666	1,042	9,548	6,342		2,588	
041 26 MRI	7	25,000	2,806	11,551	4,179		6,824	
042 RADIOLOGY-THERAPEUTIC	20	30,555	932	18,240	24,007	3,999		
044 LABORATORY	41	172,219	127,213	66,782	55,773	19,267	37,273	
046 WHOLE BLOOD & PACKED RED					18		1,259	
048 INTRAVENOUS THERAPY	2	8,333	7,529	7,945	11,729	62,407		
049 RESPIRATORY THERAPY	9	22,222	5,704	15,241	13,642	33,082	7,167	
050 PHYSICAL THERAPY	36	172,219	8,470	14,363	28,038	34,657	104,899	
053 ELECTROCARDIOLOGY	20	33,333	621	12,506	6,604	20,964	15,926	
055 MEDICAL SUPPLIES CHARGED				12,256	6,846			
056 DRUGS CHARGED TO PATIENTS				51,286	40,995			
058 01 RENAL DIALYSIS (IP)				686	3,164			
059 CARDIAC REHAB	5	19,444	69	952	2,593	10,542	10,488	
059 01 OP PSY/CDU		33,333	365	5,864	8,552		67,150	
059 02 RIMMS	15		3,199	1,158	4,469	2,545	22,618	
059 03 GENETIC/OAK PLAZA CLINICS	22				88			
059 04 PAIN CLINIC					21			
059 05 DIABETES	5	13,889	2	367	1,652		2,828	
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	65	69,443	12,029	39,215	30,822	24,841	49,719	
063 OBSERVATION BEDS (NON-DIS								
063 INFUSION			2,215	10,129	13,889	8,725		
063 01 COMMUNITY HEALTH CENTERS	2	236,107	16	135	7,929			
063 02 RASC								
063 50 RHC	5	19,444	41	166	2,582	485	33,277	
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	5	19,444	445	4,042	19,142	7,149	35,779	
071 HOME HEALTH AGENCY	23	97,220	925		23,422	1,696	16,304	
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	1,295	2,808,281	836,583	636,878	948,845	549,905	1,337,159	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP					105		7,350	
097 RESEARCH								
097 01 SENIOR ADVAN			3		455			
097 02 CARE-A-VAN								
098 PHYSICIANS' PRIVATE OFFIC	59	52,777	11,661	30,746	55,991	17,207	159,764	
098 01 REFERENCE LAB								
098 02 MEALS ON WHEELS								
099 NONPAID WORKERS	64	63,888	1,063		3,656	121	3,561	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	1,418	2,924,946	849,310	667,624	1,009,052	567,233	1,507,834	

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ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE		DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16
	9	10					
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	64,757						
010 HOUSEKEEPING		108,505					
011 DIETARY	420	4,314	284,793				
012 CAFETERIA		3,947		145,168			
014 NURSING ADMINISTRATION				6,602	81,409		
015 CENTRAL SERVICES & SUPPLY	3,611	2,691		1,630	1,017	169,486	
016 PHARMACY		999		5,086			351,763
017 MEDICAL RECORDS & LIBRARY		2,396					
018 SOCIAL SERVICE		224		2,644			
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)		68			408		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,870	26,929	234,988	47,859	31,782		117
026 INTENSIVE CARE UNIT	3,839	1,643	7,545	5,962	3,723		718
027 CORONARY CARE UNIT	4,506	2,210	10,543	6,272	3,916		157
031 SUBPROVIDER							
031 01 SUB II - REHAB	4,432	3,378	20,091	4,828	3,015		1
033 NURSERY		730		2,917	1,821		79
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,929	6,626		11,131	7,114		10,574
038 RECOVERY ROOM	1,448	1,750		3,947	2,465		3,696
039 DELIVERY ROOM & LABOR ROO		2,222		3,621	2,261		156
040 ANESTHESIOLOGY	588	172		390	244		4,244
041 RADIOLOGY-DIAGNOSTIC	2,821	3,156		6,324			16,904
041 01 NUCLEAR MEDICINE-DIAGNOST		382		517			633
041 02 CARDIAC CATHETERIZATION L	987	1,467		2,870	1,792		3,733
041 22 CT SCAN	521	243		1,592			385
041 23 ULTRASOUND	392	191		1,184			58
041 26 MRI	212	503		517			112
042 RADIOLOGY-THERAPEUTIC				1,201			147,947
044 LABORATORY		2,749		8,228			42
046 WHOLE BLOOD & PACKED RED		93					
048 INTRAVENOUS THERAPY				424	265		35,591
049 RESPIRATORY THERAPY	227	529		3,647	2,277		379
050 PHYSICAL THERAPY	1,030	7,737		3,206	4,086		37
053 ELECTROCARDIOLOGY	438	1,175		1,804	1,127		181
055 MEDICAL SUPPLIES CHARGED						169,486	
056 DRUGS CHARGED TO PATIENTS							
058 01 RENAL DIALYSIS (IP)							
059 CARDIAC REHAB		774		649	405		
059 01 OP PSY/CDU		4,953			2,152		1
059 02 RIMMS	119	1,668					3,061
059 03 GENETIC/OAK PLAZA CLINICS							
059 04 PAIN CLINIC							
059 05 DIABETES		209					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,659	3,667	1,680	8,618	5,381		2,346
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION				1,498			94,088
063 01 COMMUNITY HEALTH CENTERS	150						
063 02 RASC							
063 50 RHC		2,454					94
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	826	2,639			5,562		
071 HOME HEALTH AGENCY		1,203					333
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	62,407	95,916	274,847	145,168	80,813	169,486	325,667
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		542					
097 RESEARCH							
097 01 SENIOR ADVAN							
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	2,350	11,784			596		20,322
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS			9,946				
099 NONPAID WORKERS		263					5,774
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	64,757	108,505	284,793	145,168	81,409	169,486	351,763

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	22	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	329,309						
018 SOCIAL SERVICE		73,038					
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM-(SPECIFY)				13,478			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	22,426	43,432			2,019,866		2,019,866
026 INTENSIVE CARE UNIT	2,517	1,643			193,841		193,841
027 CORONARY CARE UNIT	2,521	1,245			201,063		201,063
031 SUBPROVIDER					31,291		31,291
031 01 SUB II - REHAB	2,177	25,090			253,502		253,502
033 NURSERY	864				80,597		80,597
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	41,250	1,322			1,894,232		1,894,232
038 RECOVERY ROOM	7,000				227,505		227,505
039 DELIVERY ROOM & LABOR ROO	2,100				257,605		257,605
040 ANESTHESIOLOGY	12,762				161,675		161,675
041 RADIOLOGY-DIAGNOSTIC	21,690				1,738,746		1,738,746
041 01 NUCLEAR MEDICINE-DIAGNOST	3,419				212,767		212,767
041 02 CARDIAC CATHETERIZATION L	35,239				1,146,896		1,146,896
041 22 CT SCAN	20,472				353,932		353,932
041 23 ULTRASOUND	4,722				229,124		229,124
041 26 MRI	5,712				165,820		165,820
042 RADIOLOGY-THERAPEUTIC	9,020				314,964		314,964
044 LABORATORY	33,025				728,932		728,932
046 WHOLE BLOOD & PACKED RED					3,227		3,227
048 INTRAVENOUS THERAPY	3,929				139,178		139,178
049 RESPIRATORY THERAPY	7,537				218,780		218,780
050 PHYSICAL THERAPY	7,103				708,870		708,870
053 ELECTROCARDIOLOGY	6,184				207,500		207,500
055 MEDICAL SUPPLIES CHARGED	6,061				194,649		194,649
056 DRUGS CHARGED TO PATIENTS	25,362				120,301		120,301
058 01 RENAL DIALYSIS (IP)	339				4,189		4,189
059 CARDIAC REHAB	471				69,715		69,715
059 01 OP PSY/CDU	2,900				228,660		228,660
059 02 RIMMS	572				82,390		82,390
059 03 GENETIC/OAK PLAZA CLINICS					110		110
059 04 PAIN CLINIC					3,288		3,288
059 05 DIABETES	182				23,919		23,919
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	19,392				474,273		474,273
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	5,009				167,858		167,858
063 01 COMMUNITY HEALTH CENTERS	67				562,631		562,631
063 02 RASC							
063 50 RHC	82				108,656		108,656
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,999				225,004		225,004
071 HOME HEALTH AGENCY					214,320		214,320
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	314,105	72,732			13,969,876		13,969,876
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					18,836		18,836
097 RESEARCH							
097 01 SENIOR ADVAN					4,493		4,493
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	15,204				1,030,612		1,030,612
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS					9,946		9,946
099 NONPAID WORKERS		306			394,179		394,179
101 CROSS FOOT ADJUSTMENTS				13,478	13,478		13,478
102 NEGATIVE COST CENTER							
103 TOTAL	329,309	73,038		13,478	15,441,420		15,441,420

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
		(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(ACTUAL BENEFTS	B(PHONES)
		1	2	3	4	5	6.01
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	502,627					
003	OLD CAP REL COSTS-MVB		995				
004	NEW CAP REL COSTS-BLD			607,552			
005	NEW CAP REL COSTS-MVB				10,016,145		
006	EMPLOYEE BENEFITS	2,818		2,818	108,945	19,947,470	
006 01	COMMUNICATIONS			168			1,148
006 02	DATA PROCESSING	9,123	976	9,123	3,077,108	449,074	80
006 03	PURCHASING	18,704		18,704	214,665	168,091	15
006 05	BUSINESS OFFICE	10,796		10,796	181,351	933,170	46
006 06	ADMIN & GENERAL	50,694		50,694	172,914	1,499,623	220
007	MAINTENANCE & REPAIRS	14,725		14,725	352,924	344,078	39
008	OPERATION OF PLANT	132,374		132,374	350,735	152,962	17
009	LAUNDRY & LINEN SERVI	3,991		3,991	2,677	143,744	1
010	HOUSEKEEPING	2,428		2,428	40,767	473,764	8
011	DIETARY	10,216		10,216	100,153	158,811	14
012	CAFETERIA	9,348		9,348		276,384	
014	NURSING ADMINISTRATIO				41,222	26,846	16
015	CENTRAL SERVICES & SU	6,372		6,372	45,449	87,620	4
016	PHARMACY	2,366		2,366	94,682		10
017	MEDICAL RECORDS & LIB	5,675		5,675	82,478	320,147	51
018	SOCIAL SERVICE	531		531	95	59,334	9
022	I&R SERVICES-SALARY &						
024	PARAMED ED PRGM-(SPEC	162		162	1,886	61,249	
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	60,104		60,104	145,720	3,531,727	164
027	INTENSIVE CARE UNIT	3,892		3,892	56,274	495,172	10
027	CORONARY CARE UNIT	5,235		5,235	21,525	587,665	9
031	SUBPROVIDER	3,671		3,671			
031 01	SUB II - REHAB	7,999		7,999	14,065	346,086	14
033	NURSERY	1,730		1,730	12,854	267,887	4
037	ANCILLARY SRVC COST C						
038	OPERATING ROOM	15,693		15,693	887,165	1,013,850	27
039	RECOVERY ROOM	4,144		4,144	68,939	380,123	21
040	DELIVERY ROOM & LABOR	5,263		5,263	138,089	284,991	6
041	ANESTHESIOLOGY	408		408	7,914	25,851	1
041 01	RADIOLOGY-DIAGNOSTIC	7,475		9,964	1,433,923	662,294	16
041 02	NUCLEAR MEDICINE-DIAG	490		490	191,596	41,229	2
041 22	CARDIAC CATHETERIZATI	3,475		3,475	719,666	250,646	5
041 23	CT SCAN	575		575	261,334	98,554	6
041 26	ULTRASOUND	452		452	196,823	119,122	4
042	MRI	1,192		1,192	106,185	38,367	6
044	RADIOLOGY-THERAPEUTIC				84,948	90,955	16
046	LABORATORY	6,511		6,511	158,927	515,339	33
048	WHOLE BLOOD & PACKED	220		220			
049	INTRAVENOUS THERAPY					164,088	2
050	RESPIRATORY THERAPY	1,252		1,252	70,584	319,955	7
053	PHYSICAL THERAPY	18,324		18,324	30,198	537,391	29
055	ELECTROCARDIOLOGY	2,782		2,782	88,960	131,889	16
056	MEDICAL SUPPLIES CHAR						
058 01	DRUGS CHARGED TO PATI					426,035	
059	RENAL DIALYSIS (IP)						
059 01	CARDIAC REHAB	1,832		1,832	7,063	61,553	4
059 02	OP PSY/CDU	11,730		11,730	3,384	198,810	
059 03	RIMMS	3,951		3,951	9,631	114,656	12
059 04	GENETIC/OAK PLAZA CLI						18
059 05	PAIN CLINIC				3,536		
061	DIABETES	494		494	428	35,304	4
062	OUTPAT SERVICE COST C						
063	EMERGENCY	8,685		8,685	133,268	637,359	53
063 01	OBSERVATION BEDS (NON						
063 02	INFUSION				19,732	136,573	
063 50	COMMUNITY HEALTH CENT			29,569	74,264		2
065	RASC						
071	RHC	5,813		5,813	699	49,191	4
095	OTHER REIMBURS COST C						
096	AMBULANCE SERVICES	6,250	19	6,250	76,940	545,016	4
097	HOME HEALTH AGENCY	2,848		2,848	48,887	639,406	19
098	SPEC PURPOSE COST CEN						
099	SUBTOTALS	472,813	995	505,039	9,941,572	17,901,981	1,048
101	NONREIMBURS COST CENT						
102	GIFT, FLOWER, COFFEE	1,284		1,284			
103	RESEARCH						
104	01 SENIOR ADVAN				4,260	15,987	
105	02 CARE-A-VAN						
106	PHYSICIANS' PRIVATE O	27,908		64,483	65,211	1,939,255	48
107	01 REFERENCE LAB						
108	02 MEALS ON WHEELS						
109	NONPAID WORKERS	622		36,746	5,102	90,247	52
110	CROSS FOOT ADJUSTMENT						
111	NEGATIVE COST CENTER						
112	COST TO BE ALLOCATED	2,250,169	2,442,886	5,128,902	9,253,026	21,367,888	885,650

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET B-1
I	I TO 12/31/2008	I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	S
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(ACTUAL)NEFITS	B(PHONES)
	1	2	3	4	5	6.01
NONREIMBURS COST CENT						
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.476817		8.441914		1.071208	
(WRKSHT B, PT I)		2,455.161809		.923811		771.472125
105 COST TO BE ALLOCATED					12,616	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000632	
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					124,434	1,418
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.006238	
(WRKSHT B, PT III)						1.235192

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	COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING	BUSINESS OFFI CE	RECONCIL- IATION	ADMIN & GENER AL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		(DEVICES)	(REQS)	(CHARGES)	((ACCUM. COST)	(WORK ORDER)	(SQUARE FEET)
		6.02	6.03	6.05	6a.06	6.06	7	8
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING	1,053						
006	03 PURCHASING	15	26,476,491					
006	05 BUSINESS OFFICE	145	9,457	609,994,658				
006	06 ADMIN & GENERAL	147	68,356	1,105,515	-27,889,888	159,073,936		
007	MAINTENANCE & REPAIRS	21	50,678			7,966,226	4,681	
008	OPERATION OF PLANT	17	822			2,836,433	1	263,393
009	LAUNDRY & LINEN SERVI		4,194			742,831		3,991
010	HOUSEKEEPING	6	13,260			2,584,265		2,428
011	DIETARY	10	8,133			1,715,789		10,216
012	CAFETERIA					1,114,277		9,348
014	NURSING ADMINISTRATIO	11	3,447			925,902		
015	CENTRAL SERVICES & SU	5	146,512			753,310	36	6,372
016	PHARMACY	19	254,313			889,659		2,366
017	MEDICAL RECORDS & LIB	29	2,303			2,437,336		5,675
018	SOCIAL SERVICE	21	247			605,120		531
022	I&R SERVICES-SALARY &							
024	PARAMED ED PRGM-(SPEC		318			319,896	54	162
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	97	259,940	41,452,240		20,712,895	328	63,775
026	INTENSIVE CARE UNIT	8	54,472	4,653,153		2,957,166	64	3,892
027	CORONARY CARE UNIT	9	55,842	4,659,938		3,350,128	142	5,235
031	SUBPROVIDER					47,424		
031	01 SUB II - REHAB	15	18,339	4,023,200		2,140,681	14	7,999
033	NURSERY	3	76,804	1,597,250		1,883,763	96	1,730
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	25	11,636,179	76,435,543		21,513,819	632	15,693
038	RECOVERY ROOM	14	58,349	12,938,328		2,538,721	94	4,144
039	DELIVERY ROOM & LABOR	4	124,124	3,882,484		1,834,068	102	5,263
040	ANESTHESIOLOGY		319,369	23,589,827		832,459	267	408
041	RADIOLOGY-DIAGNOSTIC	23	370,621	40,093,344		6,540,144	554	7,475
041	01 NUCLEAR MEDICINE-DIAG	1	263,888	6,319,034		828,355		490
041	02 CARDIAC CATHETERIZATI	2	6,702,676	65,136,209		10,048,103	239	3,475
041	22 CT SCAN	8	164,560	37,840,748		1,565,994	14	575
041	23 ULTRASOUND	6	32,476	8,727,701		999,893		452
041	26 MRI	9	87,463	10,558,357		658,883		1,192
042	RADIOLOGY-THERAPEUTIC	11	29,041	16,673,025		3,784,744	33	
044	LABORATORY	62	3,965,726	61,043,701		8,792,830	159	6,511
	WHOLE BLOOD & PACKED					2,842		220
048	INTRAVENOUS THERAPY	3	234,711	7,262,669		1,849,148	515	
049	RESPIRATORY THERAPY	8	177,802	13,931,542		2,150,653	273	1,252
050	PHYSICAL THERAPY	62	264,042	13,128,488		4,420,332	286	18,324
053	ELECTROCARDIOLOGY	12	19,360	11,430,999		1,041,125	173	2,782
055	MEDICAL SUPPLIES CHAR			11,202,703		1,079,279		
056	DRUGS CHARGED TO PATI			46,879,236		6,463,065		
058	01 RENAL DIALYSIS (IP)			626,829		498,793		
059	CARDIAC REHAB	7	2,163	870,193		408,806	87	1,832
059	01 OP PSY/CDU	12	11,380	5,359,855		1,348,327		11,730
059	02 RIMMS		99,733	1,058,196		704,611	21	3,951
059	03 GENETIC/OAK PLAZA CLI					13,886		
059	04 PAIN CLINIC					3,267		
059	05 DIABETES	5	59	335,651		260,445		494
	OUTPAT SERVICE COST C							
061	EMERGENCY	25	375,003	35,845,492		4,859,228	205	8,685
062	OBSERVATION BEDS (NON							
063	INFUSION		69,059	9,258,955		2,189,676	72	
063	01 COMMUNITY HEALTH CENT	85	513	123,689		1,250,079		
063	02 RASC				-1,664,170			
063	50 RHC	7	1,267	152,114		407,109	4	5,813
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	7	13,884	3,694,569		3,017,794	59	6,250
071	HOME HEALTH AGENCY	35	28,838			3,692,624	14	2,848
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	1,011	26,079,723	581,890,777	-29,554,058	149,582,203	4,538	233,579
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE					16,587		1,284
097	RESEARCH							
097	01 SENIOR ADVAN		96			71,689		
097	02 CARE-A-VAN							
098	PHYSICIANS' PRIVATE O	19	363,526	28,103,881		8,827,143	142	27,908
098	01 REFERENCE LAB							
098	02 MEALS ON WHEELS							
099	NONPAID WORKERS	23	33,146			576,314	1	622
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	11,405,557	1,567,852	6,836,472		27,889,888	9,362,921	3,335,736

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COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-0186

I

I PERIOD:

I FROM 1/ 1/2008

I TO 12/31/2008

I PREPARED 6/ 1/2009

I WORKSHEET B-1

I

	COST CENTER DESCRIPTION	DATA PROCESSI	PURCHASING	BUSINESS OFFI	RECONCIL- IATION	ADMIN & GENER	MAINTENANCE & OPERATION OF	
		NG		CE		AL	REPAIRS	PLANT
		(DEVICES	(REQS	(CHARGES		(ACCUM.	(WORK ORDER	(SQUARE
)))		COST)	FEET
		6.02	6.03	6.05	6a.06	6.06	7	8
	NONREIMBURS COST CENT							
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.059217				2,000.196753	
	(WRKSHT B, PT I)			.011207		.175327		12.664482
105	COST TO BE ALLOCATED	10,831.488129		384,593		569,158	143,476	642,243
	(WRKSHT B, PART II)	2,437,364	118,560					
106	UNIT COST MULTIPLIER		.004478				30.650716	
	(WRKSHT B, PT II)	2,314.685660		.000630		.003578		2.438345
107	COST TO BE ALLOCATED	2,924,946	849,310	667,624		1,009,052	567,233	1,507,834
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.032078				121.177740	
	(WRKSHT B, PT III)	2,777.726496		.001094		.006343		5.724655

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-0186

I PERIOD:

I FROM 1/ 1/2008

I TO 12/31/2008

I PREPARED 6/ 1/2009

I WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY		CAFETERIA		NURSING ADMIN ISTRATION		CENTRAL SERVI CES & SUPPLY		PHARMACY	
	(POUNDS OF LAUNDRY	(SQUARE FEET	(MEALS SERVED	(FTES)	(DIRECT)NRSING HRS	(COSTED)REQUIS.	(COSTED)REQUIS.	(COSTED)REQUIS.	(COSTED)REQUIS.	(COSTED)REQUIS.	(COSTED)REQUIS.	(COSTED)REQUIS.
	9	10	11	12	14	15	16					
001 GENERAL SERVICE COST												
002 OLD CAP REL COSTS-BLD												
003 OLD CAP REL COSTS-MVB												
004 NEW CAP REL COSTS-BLD												
005 NEW CAP REL COSTS-MVB												
006 EMPLOYEE BENEFITS												
006 01 COMMUNICATIONS												
006 02 DATA PROCESSING												
006 03 PURCHASING												
006 05 BUSINESS OFFICE												
006 06 ADMIN & GENERAL												
007 MAINTENANCE & REPAIRS												
008 OPERATION OF PLANT												
009 LAUNDRY & LINEN SERVI	570,586											
010 HOUSEKEEPING		256,974										
011 DIETARY	3,700	10,216	403,903									
012 CAFETERIA		9,348		721,235								
014 NURSING ADMINISTRATIO				32,799	647,794							
015 CENTRAL SERVICES & SU	31,816	6,372		8,096	8,096			100				
016 PHARMACY		2,366		25,270							5,135,642	
017 MEDICAL RECORDS & LIB		5,675										
018 SOCIAL SERVICE		531		13,138								
022 I&R SERVICES-SALARY &												
024 PARAMED ED PRGM-(SPEC		162				3,250						
025 INPAT ROUTINE SRVC CN												
026 ADULTS & PEDIATRICS	245,570	63,775	333,268	237,767	252,910						1,709	
027 INTENSIVE CARE UNIT	33,825	3,892	10,700	29,623	29,623						10,484	
027 CORONARY CARE UNIT	39,700	5,235	14,952	31,162	31,162						2,291	
031 SUBPROVIDER												
031 01 SUB II - REHAB	39,054	7,999	28,494	23,988	23,988						19	
033 NURSERY		1,730		14,493	14,493						1,154	
037 ANCILLARY SRVC COST C												
038 OPERATING ROOM	25,812	15,693		55,301	56,606						154,384	
039 RECOVERY ROOM	12,762	4,144		19,612	19,612						53,961	
040 DELIVERY ROOM & LABOR		5,263		17,988	17,988						2,275	
041 ANESTHESIOLOGY	5,180	408		1,939	1,939						61,958	
041 RADIOLOGY-DIAGNOSTIC	24,854	7,475		31,421							246,794	
041 01 NUCLEAR MEDICINE-DIAG	3,365	490		2,568							9,246	
041 02 CARDIAC CATHETERIZATI	8,697	3,475		14,261	14,261						54,499	
041 22 CT SCAN	4,590	575		7,910							5,625	
041 23 ULTRASOUND	3,457	452		5,882							844	
041 26 MRI	1,865	1,192		2,568							1,639	
042 RADIOLOGY-THERAPEUTIC				5,967							2,159,983	
044 LABORATORY		6,511		40,881							614	
046 WHOLE BLOOD & PACKED		220										
048 INTRAVENOUS THERAPY				2,109	2,109						519,615	
049 RESPIRATORY THERAPY	2,000	1,252		18,120	18,120						5,529	
050 PHYSICAL THERAPY	9,075	18,324		15,926	32,512						536	
053 ELECTROCARDIOLOGY	3,862	2,782		8,965	8,965						2,642	
055 MEDICAL SUPPLIES CHAR								100				
056 DRUGS CHARGED TO PATI												
058 01 RENAL DIALYSIS (IP)												
059 CARDIAC REHAB		1,832		3,224	3,224							
059 01 OP PSY/CDU		11,730			17,123						10	
059 02 RIMMS	1,050	3,951									44,684	
059 03 GENETIC/OAK PLAZA CLI												
059 04 PAIN CLINIC												
059 05 DIABETES		494										
061 OUTPAT SERVICE COST C												
062 EMERGENCY	41,049	8,685	2,383	42,815	42,815						34,254	
062 OBSERVATION BEDS (NON												
063 INFUSION				7,442							1,373,663	
063 01 COMMUNITY HEALTH CENT	1,325											
063 02 RASC												
063 50 RHC		5,813									1,371	
065 OTHER REIMBURS COST C												
071 AMBULANCE SERVICES	7,275	6,250			44,259						4,865	
SPEC PURPOSE COST CEN		2,848										
095 SUBTOTALS	549,883	227,160	389,797	721,235	643,055			100			4,754,648	
096 NONREIMBURS COST CENT												
097 GIFT, FLOWER, COFFEE		1,284										
097 RESEARCH												
097 01 SENIOR ADVAN												
097 02 CARE-A-VAN												
098 PHYSICIANS' PRIVATE O	20,703	27,908			4,739						296,693	
098 01 REFERENCE LAB												
098 02 MEALS ON WHEELS			14,106									
099 NONPAID WORKERS		622									84,301	
101 CROSS FOOT ADJUSTMENT												
102 NEGATIVE COST CENTER												
103 COST TO BE ALLOCATED	923,613	3,068,105	2,273,955	1,539,637	1,158,255	1,197,429					1,157,797	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMIN ISTRATION (DIRECT NRSING HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	9	10	11	12	14	15	16
NONREIMBURS COST CENT (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.618710	11.939360	5.629953	2.134723	1.787999	11,974.290000	.225443
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	30,366	40,283	101,865	70,270	32,003	64,026	67,495
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.053219	.156759	.252202	.097430	.049403	640.260000	.013142
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	64,757	108,505	284,793	145,168	81,409	169,486	351,763
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.113492	.422241	.705102	.201277	.125671	1,694.860000	.068494

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-0186

I

I PERIOD:

I FROM 1/ 1/2008

I TO 12/31/2008

I PREPARED 6/ 1/2009

I WORKSHEET B-1

I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM-(SPECIFY)
	(GROSS CHARGES	(TIME)SPENT	(ASSIGNED)TIME	(ASSIGNED)TIME
	17	18	22	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 DATA PROCESSING				
006 03 PURCHASING				
006 05 BUSINESS OFFICE				
006 06 ADMIN & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB	608,889,143			
018 SOCIAL SERVICE		9,560		
022 I&R SERVICES-SALARY &				
024 PARAMED ED PRGM-(SPEC				95
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	41,452,240	5,685		27
026 INTENSIVE CARE UNIT	4,653,153	215		8
027 CORONARY CARE UNIT	4,659,938	163		16
031 SUBPROVIDER				
031 01 SUB II - REHAB	4,023,200	3,284		1
033 NURSERY	1,597,250			
037 ANCILLARY SRVC COST C				
038 OPERATING ROOM	76,435,543	173		4
038 RECOVERY ROOM	12,938,328			
039 DELIVERY ROOM & LABOR	3,882,484			
040 ANESTHESIOLOGY	23,589,827			
041 RADIOLOGY-DIAGNOSTIC	40,093,344			
041 01 NUCLEAR MEDICINE-DIAG	6,319,034			
041 02 CARDIAC CATHETERIZATI	65,136,209			
041 22 CT SCAN	37,840,748			
041 23 ULTRASOUND	8,727,701			
041 26 MRI	10,558,357			
042 RADIOLOGY-THERAPEUTIC	16,673,025			
044 LABORATORY	61,043,701			
046 WHOLE BLOOD & PACKED				
048 INTRAVENOUS THERAPY	7,262,669			
049 RESPIRATORY THERAPY	13,931,542			7
050 PHYSICAL THERAPY	13,128,488			
053 ELECTROCARDIOLOGY	11,430,999			
055 MEDICAL SUPPLIES CHAR	11,202,703			
056 DRUGS CHARGED TO PATI	46,879,236			
058 01 RENAL DIALYSIS (IP)	626,829			
059 CARDIAC REHAB	870,193			
059 01 OP PSY/CDU	5,359,855			
059 02 RIMMS	1,058,196			
059 03 GENETIC/OAK PLAZA CLI				
059 04 PAIN CLINIC				
059 05 DIABETES	335,651			
061 OUTPAT SERVICE COST C				
062 EMERGENCY	35,845,492			32
062 OBSERVATION BEDS (NON				
063 INFUSION	9,258,955			
063 01 COMMUNITY HEALTH CENT	123,689			
063 02 RASC				
063 50 RHC	152,114			
065 OTHER REIMBURS COST C				
071 AMBULANCE SERVICES	3,694,569			
SPEC PURPOSE COST CEN				
095 SUBTOTALS	580,785,262	9,520		95
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
097 01 SENIOR ADVAN				
097 02 CARE-A-VAN				
098 PHYSICIANS' PRIVATE O	28,103,881			
098 01 REFERENCE LAB				
098 02 MEALS ON WHEELS		40		
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	3,004,294	752,325		493,790

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET B-1
I	I TO 12/31/2008	I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVICE E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM-(SPECIFY)
	(GROSS CHARGES	(TIME SPENT	(ASSIGNED TIME	(ASSIGNED TIME)
	17	18	22	24
NONREIMBURS COST CENT (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)	.004934	78.695084		5,197.789474
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)	116,193	55,846		4,146
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000191	5.841632		43.642105
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	329,309	73,038		13,478
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000541	7.639958		141.873684
108				

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	30,595,793		30,595,793	18,139	30,613,932
26	INTENSIVE CARE UNIT	4,014,428		4,014,428		4,014,428
27	CORONARY CARE UNIT	4,740,508		4,740,508		4,740,508
31	SUBPROVIDER	55,739		55,739		55,739
31	01 SUB II - REHAB	3,342,032		3,342,032		3,342,032
33	NURSERY	2,513,615		2,513,615		2,513,615
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	27,643,353		27,643,353	199,583	27,842,936
38	RECOVERY ROOM	3,447,397		3,447,397		3,447,397
39	DELIVERY ROOM & LABOR ROO	2,579,371		2,579,371		2,579,371
40	ANESTHESIOLOGY	1,668,854		1,668,854		1,668,854
41	RADIOLOGY-DIAGNOSTIC	9,339,596		9,339,596		9,339,596
41	01 NUCLEAR MEDICINE-DIAGNOST	1,029,835		1,029,835		1,029,835
41	02 CARDIAC CATHETERIZATION L	12,777,040		12,777,040		12,777,040
41	22 CT SCAN	2,094,995		2,094,995		2,094,995
41	23 ULTRASOUND	1,247,726		1,247,726		1,247,726
41	26 MRI	864,697		864,697		864,697
42	RADIOLOGY-THERAPEUTIC	5,096,278		5,096,278	100,584	5,196,862
44	LABORATORY	11,201,275		11,201,275		11,201,275
46	WHOLE BLOOD & PACKED RED	8,753		8,753		8,753
48	INTRAVENOUS THERAPY	3,364,706		3,364,706		3,364,706
49	RESPIRATORY THERAPY	3,285,265		3,285,265	12,992	3,298,257
50	PHYSICAL THERAPY	6,389,949		6,389,949		6,389,949
53	ELECTROCARDIOLOGY	1,736,559		1,736,559		1,736,559
55	MEDICAL SUPPLIES CHARGED	2,521,209		2,521,209		2,521,209
56	DRUGS CHARGED TO PATIENTS	7,827,517		7,827,517		7,827,517
58	01 RENAL DIALYSIS (IP)	589,338		589,338		589,338
59	CARDIAC REHAB	716,513		716,513		716,513
59	01 OP PSY/CDU	1,930,392		1,930,392		1,930,392
59	02 RIMMS	984,356		984,356		984,356
59	03 GENETIC/OAK PLAZA CLINICS	16,321		16,321		16,321
59	04 PAIN CLINIC	3,840		3,840		3,840
59	05 DIABETES	319,918		319,918	1,296	321,214
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,933,632		6,933,632		6,933,632
62	OBSERVATION BEDS (NON-DIS	177,740		177,740		177,740
63	INFUSION	3,088,853		3,088,853		3,088,853
63	01 COMMUNITY HEALTH CENTERS	1,472,007		1,472,007		1,472,007
63	02 RASC	1,664,170		1,664,170		1,664,170
63	50 RHC	630,569		630,569		630,569
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,927,821		3,927,821		3,927,821
101	SUBTOTAL	171,841,960		171,841,960	332,594	172,174,554
102	LESS OBSERVATION BEDS	177,740		177,740		177,740
103	TOTAL	171,664,220		171,664,220	332,594	171,996,814

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO:
I 14-0186
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 6/ 1/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	41,169,113		41,169,113			
27	INTENSIVE CARE UNIT	4,653,153		4,653,153			
31	CORONARY CARE UNIT	4,659,938		4,659,938			
31	SUBPROVIDER						
31	01 SUB II - REHAB	4,023,200		4,023,200			
33	NURSERY	1,597,250		1,597,250			
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	49,933,897	26,501,646	76,435,543	.361656	.361656	.364267
39	RECOVERY ROOM	6,635,591	6,302,737	12,938,328	.266448	.266448	.266448
40	DELIVERY ROOM & LABOR ROO	2,733,516	1,148,968	3,882,484	.664361	.664361	.664361
41	ANESTHESIOLOGY	15,347,979	8,241,848	23,589,827	.070745	.070745	.070745
41	RADIOLOGY-DIAGNOSTIC	7,651,735	32,441,609	40,093,344	.232946	.232946	.232946
41	01 NUCLEAR MEDICINE-DIAGNOST	2,066,569	4,252,465	6,319,034	.162973	.162973	.162973
41	02 CARDIAC CATHETERIZATION L	41,262,722	23,873,487	65,136,209	.196159	.196159	.196159
41	22 CT SCAN	17,085,642	20,755,106	37,840,748	.055363	.055363	.055363
41	23 ULTRASOUND	2,465,693	6,262,008	8,727,701	.142962	.142962	.142962
41	26 MRI	3,436,792	7,121,565	10,558,357	.081897	.081897	.081897
42	RADIOLOGY-THERAPEUTIC	33,394	16,639,631	16,673,025	.305660	.305660	.311693
44	LABORATORY	28,693,047	32,350,654	61,043,701	.183496	.183496	.183496
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	6,233,353	1,029,316	7,262,669	.463288	.463288	.463288
49	RESPIRATORY THERAPY	10,315,082	3,616,460	13,931,542	.235815	.235815	.236747
50	PHYSICAL THERAPY	7,309,377	5,819,111	13,128,488	.486724	.486724	.486724
53	ELECTROCARDIOLOGY	5,435,838	5,995,161	11,430,999	.151917	.151917	.151917
55	MEDICAL SUPPLIES CHARGED	6,481,154	4,721,549	11,202,703	.225054	.225054	.225054
56	DRUGS CHARGED TO PATIENTS	38,589,113	8,290,123	46,879,236	.166972	.166972	.166972
58	01 RENAL DIALYSIS (IP)	626,829		626,829	.940189	.940189	.940189
59	CARDIAC REHAB	244,635	625,558	870,193	.823395	.823395	.823395
59	01 OP PSY/CDU	36,784	5,323,071	5,359,855	.360158	.360158	.360158
59	02 RIMMS		1,058,196	1,058,196	.930221	.930221	.930221
59	03 GENETIC/OAK PLAZA CLINICS						
59	04 PAIN CLINIC						
59	05 DIABETES	232	335,419	335,651	.953127	.953127	.956988
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	12,590,364	23,255,128	35,845,492	.193431	.193431	.193431
63	OBSERVATION BEDS (NON-DIS	25,537	2,017,761	2,043,298	.086987	.086987	.086987
63	INFUSION		9,258,955	9,258,955	.333607	.333607	.333607
63	01 COMMUNITY HEALTH CENTERS		123,689	123,689	11.900872	11.900872	11.900872
63	02 RASC		9,372,262	9,372,262	.177563	.177563	.177563
63	50 RHC		152,114	152,114	4.145371	4.145371	4.145371
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES	283,538	3,411,031	3,694,569	1.063134	1.063134	1.063134
102	SUBTOTAL	321,621,067	270,296,628	591,917,695			
102	LESS OBSERVATION BEDS						
103	TOTAL	321,621,067	270,296,628	591,917,695			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET C
I	I TO 12/31/2008	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	30,595,793		30,595,793	18,139	30,613,932
26	INTENSIVE CARE UNIT	4,014,428		4,014,428		4,014,428
27	CORONARY CARE UNIT	4,740,508		4,740,508		4,740,508
31	SUBPROVIDER	55,739		55,739		55,739
31	01 SUB II - REHAB	3,342,032		3,342,032		3,342,032
33	NURSERY	2,513,615		2,513,615		2,513,615
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	27,643,353		27,643,353	199,583	27,842,936
38	RECOVERY ROOM	3,447,397		3,447,397		3,447,397
39	DELIVERY ROOM & LABOR ROO	2,579,371		2,579,371		2,579,371
40	ANESTHESIOLOGY	1,668,854		1,668,854		1,668,854
41	RADIOLOGY-DIAGNOSTIC	9,339,596		9,339,596		9,339,596
41	01 NUCLEAR MEDICINE-DIAGNOST	1,029,835		1,029,835		1,029,835
41	02 CARDIAC CATHETERIZATION L	12,777,040		12,777,040		12,777,040
41	22 CT SCAN	2,094,995		2,094,995		2,094,995
41	23 ULTRASOUND	1,247,726		1,247,726		1,247,726
41	26 MRI	864,697		864,697		864,697
42	RADIOLOGY-THERAPEUTIC	5,096,278		5,096,278	100,584	5,196,862
44	LABORATORY	11,201,275		11,201,275		11,201,275
46	WHOLE BLOOD & PACKED RED	8,753		8,753		8,753
48	INTRAVENOUS THERAPY	3,364,706		3,364,706		3,364,706
49	RESPIRATORY THERAPY	3,285,265		3,285,265	12,992	3,298,257
50	PHYSICAL THERAPY	6,389,949		6,389,949		6,389,949
53	ELECTROCARDIOLOGY	1,736,559		1,736,559		1,736,559
55	MEDICAL SUPPLIES CHARGED	2,521,209		2,521,209		2,521,209
56	DRUGS CHARGED TO PATIENTS	7,827,517		7,827,517		7,827,517
58	01 RENAL DIALYSIS (IP)	589,338		589,338		589,338
59	CARDIAC REHAB	716,513		716,513		716,513
59	01 OP PSY/CDU	1,930,392		1,930,392		1,930,392
59	02 RIMMS	984,356		984,356		984,356
59	03 GENETIC/OAK PLAZA CLINICS	16,321		16,321		16,321
59	04 PAIN CLINIC	3,840		3,840		3,840
59	05 DIABETES	319,918		319,918	1,296	321,214
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,933,632		6,933,632		6,933,632
62	OBSERVATION BEDS (NON-DIS	177,740		177,740		177,740
63	INFUSION	3,088,853		3,088,853		3,088,853
63	01 COMMUNITY HEALTH CENTERS	1,472,007		1,472,007		1,472,007
63	02 RASC	1,664,170		1,664,170		1,664,170
63	50 RHC	630,569		630,569		630,569
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,927,821		3,927,821		3,927,821
101	SUBTOTAL	171,841,960		171,841,960	332,594	172,174,554
102	LESS OBSERVATION BEDS	177,740		177,740		177,740
103	TOTAL	171,664,220		171,664,220	332,594	171,996,814

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET C
I		I	TO 12/31/2008	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	41,169,113		41,169,113			
27	INTENSIVE CARE UNIT	4,653,153		4,653,153			
31	CORONARY CARE UNIT	4,659,938		4,659,938			
31	SUBPROVIDER						
31	01 SUB II - REHAB	4,023,200		4,023,200			
33	NURSERY	1,597,250		1,597,250			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,933,897	26,501,646	76,435,543	.361656	.361656	.364267
38	RECOVERY ROOM	6,635,591	6,302,737	12,938,328	.266448	.266448	.266448
39	DELIVERY ROOM & LABOR ROO	2,733,516	1,148,968	3,882,484	.664361	.664361	.664361
40	ANESTHESIOLOGY	15,347,979	8,241,848	23,589,827	.070745	.070745	.070745
41	RADIOLOGY-DIAGNOSTIC	7,651,735	32,441,609	40,093,344	.232946	.232946	.232946
41	01 NUCLEAR MEDICINE-DIAGNOST	2,066,569	4,252,465	6,319,034	.162973	.162973	.162973
41	02 CARDIAC CATHETERIZATION L	41,262,722	23,873,487	65,136,209	.196159	.196159	.196159
41	22 CT SCAN	17,085,642	20,755,106	37,840,748	.055363	.055363	.055363
41	23 ULTRASOUND	2,465,693	6,262,008	8,727,701	.142962	.142962	.142962
41	26 MRI	3,436,792	7,121,565	10,558,357	.081897	.081897	.081897
42	RADIOLOGY-THERAPEUTIC	33,394	16,639,631	16,673,025	.305660	.305660	.311693
44	LABORATORY	28,693,047	32,350,654	61,043,701	.183496	.183496	.183496
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	6,233,353	1,029,316	7,262,669	.463288	.463288	.463288
49	RESPIRATORY THERAPY	10,315,082	3,616,460	13,931,542	.235815	.235815	.236747
50	PHYSICAL THERAPY	7,309,377	5,819,111	13,128,488	.486724	.486724	.486724
53	ELECTROCARDIOLOGY	5,435,838	5,995,161	11,430,999	.151917	.151917	.151917
55	MEDICAL SUPPLIES CHARGED	6,481,154	4,721,549	11,202,703	.225054	.225054	.225054
56	DRUGS CHARGED TO PATIENTS	38,589,113	8,290,123	46,879,236	.166972	.166972	.166972
58	01 RENAL DIALYSIS (IP)	626,829		626,829	.940189	.940189	.940189
59	CARDIAC REHAB	244,635	625,558	870,193	.823395	.823395	.823395
59	01 OP PSY/CDU	36,784	5,323,071	5,359,855	.360158	.360158	.360158
59	02 RIMMS		1,058,196	1,058,196	.930221	.930221	.930221
59	03 GENETIC/OAK PLAZA CLINICS						
59	04 PAIN CLINIC						
59	05 DIABETES	232	335,419	335,651	.953127	.953127	.956988
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	12,590,364	23,255,128	35,845,492	.193431	.193431	.193431
62	OBSERVATION BEDS (NON-DIS	25,537	2,017,761	2,043,298	.086987	.086987	.086987
63	INFUSION		9,258,955	9,258,955	.333607	.333607	.333607
63	01 COMMUNITY HEALTH CENTERS		123,689	123,689	11.900872	11.900872	11.900872
63	02 RASC		9,372,262	9,372,262	.177563	.177563	.177563
63	50 RHC		152,114	152,114	4.145371	4.145371	4.145371
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	283,538	3,411,031	3,694,569	1.063134	1.063134	1.063134
101	SUBTOTAL	321,621,067	270,296,628	591,917,695			
102	LESS OBSERVATION BEDS						
103	TOTAL	321,621,067	270,296,628	591,917,695			

Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	27,643,353	2,287,704	25,355,649			27,643,353
38	OPERATING ROOM	3,447,397	316,574	3,130,823			3,447,397
39	RECOVERY ROOM	2,579,371	320,367	2,259,004			2,579,371
40	DELIVERY ROOM & LABOR ROO	1,668,854	197,913	1,470,941			1,668,854
41	ANESTHESIOLOGY	9,339,596	1,927,851	7,411,745			9,339,596
41	RADIOLOGY-DIAGNOSTIC	1,029,835	228,459	801,376			1,029,835
41	01 NUCLEAR MEDICINE-DIAGNOST	12,777,040	1,306,301	11,470,739			12,777,040
41	02 CARDIAC CATHETERIZATION L	2,094,995	415,503	1,679,492			2,094,995
41	22 CT SCAN	1,247,726	257,940	989,786			1,247,726
41	23 ULTRASOUND	864,697	206,895	657,802			864,697
41	26 MRI	5,096,278	397,825	4,698,453			5,096,278
42	RADIOLOGY-THERAPEUTIC	11,201,275	1,027,016	10,174,259			11,201,275
44	LABORATORY	8,753	4,792	3,961			8,753
46	WHOLE BLOOD & PACKED RED	3,364,706	182,778	3,181,928			3,364,706
48	INTRAVENOUS THERAPY	3,285,265	277,489	3,007,776			3,285,265
49	RESPIRATORY THERAPY	6,389,949	1,022,497	5,367,452			6,389,949
50	PHYSICAL THERAPY	1,736,559	275,090	1,461,469			1,736,559
53	ELECTROCARDIOLOGY	2,521,209	271,735	2,249,474			2,521,209
55	MEDICAL SUPPLIES CHARGED	7,827,517	182,183	7,645,334			7,827,517
56	DRUGS CHARGED TO PATIENTS	589,338	6,489	582,849			589,338
58	01 RENAL DIALYSIS (IP)	716,513	104,240	612,273			716,513
59	CARDIAC REHAB	1,930,392	349,638	1,580,754			1,930,392
59	01 OP PSY/CDU	984,356	115,527	868,829			984,356
59	02 RIMMS	16,321	160	16,161			16,321
59	03 GENETIC/OAK PLAZA CLINICS	3,840	3,300	540			3,840
59	04 PAIN CLINIC	319,918	40,215	279,703			319,918
59	05 DIABETES						
	OUTPAT SERVICE COST CNTRS	6,933,632	658,261	6,275,371			6,933,632
61	EMERGENCY	177,740	17,223	160,517			177,740
62	OBSERVATION BEDS (NON-DIS	3,088,853	204,674	2,884,179			3,088,853
63	INFUSION	1,472,007	764,027	707,980			1,472,007
63	01 COMMUNITY HEALTH CENTERS	1,664,170		1,664,170			1,664,170
63	02 RASC	630,569	167,728	462,841			630,569
63	50 RHC						
	OTHER REIMBURS COST CNTRS	3,927,821	350,675	3,577,146			3,927,821
65	AMBULANCE SERVICES	126,579,845	13,889,069	112,690,776			126,579,845
101	SUBTOTAL	177,740	17,223	160,517			177,740
102	LESS OBSERVATION BEDS	126,402,105	13,871,846	112,530,259			126,402,105
103	TOTAL						

Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 PROVIDER NO: 14-0186
 PERIOD: 1/ 1/2008 TO 12/31/2008
 PREPARED 6/ 1/2009
 WORKSHEET C
 PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	76,435,543	.361656	.361656
38	RECOVERY ROOM	12,938,328	.266448	.266448
39	DELIVERY ROOM & LABOR ROO	3,882,484	.664361	.664361
40	ANESTHESIOLOGY	23,589,827	.070745	.070745
41	RADIOLOGY-DIAGNOSTIC	40,093,344	.232946	.232946
41 01	NUCLEAR MEDICINE-DIAGNOST	6,319,034	.162973	.162973
41 02	CARDIAC CATHETERIZATION L	65,136,209	.196159	.196159
41 22	CT SCAN	37,840,748	.055363	.055363
41 23	ULTRASOUND	8,727,701	.142962	.142962
41 26	MRI	10,558,357	.081897	.081897
42	RADIOLOGY-THERAPEUTIC	16,673,025	.305660	.305660
44	LABORATORY	61,043,701	.183496	.183496
46	WHOLE BLOOD & PACKED RED			
48	INTRAVENOUS THERAPY	7,262,669	.463288	.463288
49	RESPIRATORY THERAPY	13,931,542	.235815	.235815
50	PHYSICAL THERAPY	13,128,488	.486724	.486724
53	ELECTROCARDIOLOGY	11,430,999	.151917	.151917
55	MEDICAL SUPPLIES CHARGED	11,202,703	.225054	.225054
56	DRUGS CHARGED TO PATIENTS	46,879,236	.166972	.166972
58 01	RENAL DIALYSIS (IP)	626,829	.940189	.940189
59	CARDIAC REHAB	870,193	.823395	.823395
59 01	OP PSY/CDU	5,359,855	.360158	.360158
59 02	RIMMS	1,058,196	.930221	.930221
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	335,651	.953127	.953127
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	35,845,492	.193431	.193431
62	OBSERVATION BEDS (NON-DIS	2,043,298	.086987	.086987
63	INFUSION	9,258,955	.333607	.333607
63 01	COMMUNITY HEALTH CENTERS	123,689	11.900872	11.900872
63 02	RASC	9,372,262	.177563	.177563
63 50	RHC	152,114	4.145371	4.145371
65	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,694,569	1.063134	1.063134
101	SUBTOTAL	535,815,041		
102	LESS OBSERVATION BEDS	2,043,298		
103	TOTAL	533,771,743		

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Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,643,353	2,287,704	25,355,649	228,770	1,470,628	25,943,955
38	RECOVERY ROOM	3,447,397	316,574	3,130,823	31,657	181,588	3,234,152
39	DELIVERY ROOM & LABOR ROO	2,579,371	320,367	2,259,004	32,037	131,022	2,416,312
40	ANESTHESIOLOGY	1,668,854	197,913	1,470,941	19,791	85,315	1,563,748
41	RADIOLOGY-DIAGNOSTIC	9,339,596	1,927,851	7,411,745	192,785	429,881	8,716,930
41 01	NUCLEAR MEDICINE-DIAGNOST	1,029,835	228,459	801,376	22,846	46,480	960,509
41 02	CARDIAC CATHETERIZATION L	12,777,040	1,306,301	11,470,739	130,630	665,303	11,981,107
41 22	CT SCAN	2,094,995	415,503	1,679,492	41,550	97,411	1,956,034
41 23	ULTRASOUND	1,247,726	257,940	989,786	25,794	57,408	1,164,524
41 26	MRI	864,697	206,895	657,802	20,690	38,153	805,854
42	RADIOLOGY-THERAPEUTIC	5,096,278	397,825	4,698,453	39,783	272,510	4,783,985
44	LABORATORY	11,201,275	1,027,016	10,174,259	102,702	590,107	10,508,466
46	WHOLE BLOOD & PACKED RED	8,753	4,792	3,961	479	230	8,044
48	INTRAVENOUS THERAPY	3,364,706	182,778	3,181,928	18,278	184,552	3,161,876
49	RESPIRATORY THERAPY	3,285,265	277,489	3,007,776	27,749	174,451	3,083,065
50	PHYSICAL THERAPY	6,389,949	1,022,497	5,367,452	102,250	311,312	5,976,387
53	ELECTROCARDIOLOGY	1,736,559	275,090	1,461,469	27,509	84,765	1,624,285
55	MEDICAL SUPPLIES CHARGED	2,521,209	271,735	2,249,474	27,174	130,469	2,363,566
56	DRUGS CHARGED TO PATIENTS	7,827,517	182,183	7,645,334	18,218	443,429	7,365,870
58 01	RENAL DIALYSIS (IP)	589,338	6,489	582,849	649	33,805	554,884
59	CARDIAC REHAB	716,513	104,240	612,273	10,424	35,512	670,577
59 01	OP PSY/CDU	1,930,392	349,638	1,580,754	34,964	91,684	1,803,744
59 02	RIMMS	984,356	115,527	868,829	11,553	50,392	922,411
59 03	GENETIC/OAK PLAZA CLINICS	16,321	160	16,161	16	937	15,368
59 04	PAIN CLINIC	3,840	3,300	540	330	31	3,479
59 05	DIABETES	319,918	40,215	279,703	4,022	16,223	299,673
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,933,632	658,261	6,275,371	65,826	363,972	6,503,834
62	OBSERVATION BEDS (NON-DIS	177,740	17,223	160,517	1,722	9,310	166,708
63	INFUSION	3,088,853	204,674	2,884,179	20,467	167,282	2,901,104
63 01	COMMUNITY HEALTH CENTERS	1,472,007	764,027	707,980	76,403	41,063	1,354,541
63 02	RASC	1,664,170		1,664,170		96,522	1,567,648
63 50	RHC	630,569	167,728	462,841	16,773	26,845	586,951
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,927,821	350,675	3,577,146	35,068	207,474	3,685,279
101	SUBTOTAL	126,579,845	13,889,069	112,690,776	1,388,909	6,536,066	118,654,870
102	LESS OBSERVATION BEDS	177,740	17,223	160,517	1,722	9,310	166,708
103	TOTAL	126,402,105	13,871,846	112,530,259	1,387,187	6,526,756	118,488,162

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	76,435,543	.339423	.358663
38	RECOVERY ROOM	12,938,328	.249967	.264002
39	DELIVERY ROOM & LABOR ROO	3,882,484	.622362	.656109
40	ANESTHESIOLOGY	23,589,827	.066289	.069906
41	RADIOLOGY-DIAGNOSTIC	40,093,344	.217416	.228138
41 01	NUCLEAR MEDICINE-DIAGNOST	6,319,034	.152003	.159358
41 02	CARDIAC CATHETERIZATION L	65,136,209	.183939	.194153
41 22	CT SCAN	37,840,748	.051691	.054265
41 23	ULTRASOUND	8,727,701	.133428	.140006
41 26	MRI	10,558,357	.076324	.079937
42	RADIOLOGY-THERAPEUTIC	16,673,025	.286930	.303274
44	LABORATORY	61,043,701	.172147	.181814
46	WHOLE BLOOD & PACKED RED			
48	INTRAVENOUS THERAPY	7,262,669	.435360	.460771
49	RESPIRATORY THERAPY	13,931,542	.221301	.233823
50	PHYSICAL THERAPY	13,128,488	.455223	.478936
53	ELECTROCARDIOLOGY	11,430,999	.142095	.149510
55	MEDICAL SUPPLIES CHARGED	11,202,703	.210982	.222628
56	DRUGS CHARGED TO PATIENTS	46,879,236	.157124	.166583
58 01	RENAL DIALYSIS (IP)	626,829	.885224	.939154
59	CARDIAC REHAB	870,193	.770607	.811417
59 01	OP PSY/CDU	5,359,855	.336529	.353634
59 02	RIMMS	1,058,196	.871683	.919303
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	335,651	.892811	.941144
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	35,845,492	.181441	.191595
62	OBSERVATION BEDS (NON-DIS	2,043,298	.081588	.086144
63	INFUSION	9,258,955	.313330	.331397
63 01	COMMUNITY HEALTH CENTERS	123,689	10.951184	11.283170
63 02	RASC	9,372,262	.167265	.177563
63 50	RHC	152,114	3.858626	4.035105
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,694,569	.997485	1.053642
101	SUBTOTAL	535,815,041		
102	LESS OBSERVATION BEDS	2,043,298		
103	TOTAL	533,771,743		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	946,720		946,720	2,019,866		2,019,866
26	INTENSIVE CARE UNIT	73,203		73,203	193,841		193,841
27	CORONARY CARE UNIT	90,081		90,081	201,063		201,063
31	SUBPROVIDER	16,604		16,604	31,291		31,291
31	01 SUB II - REHAB	134,950		134,950	253,502		253,502
33	NURSERY	32,827		32,827	80,597		80,597
101	TOTAL	1,294,385		1,294,385	2,780,160		2,780,160

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	53,911	24,122	17.56	423,582	37.47	903,851
26	ADULTS & PEDIATRICS	3,437	2,141	21.30	45,603	56.40	120,752
27	INTENSIVE CARE UNIT	3,412	2,194	26.40	57,922	58.93	129,292
31	CORONARY CARE UNIT						
31	SUBPROVIDER						
31 01	SUB II - REHAB	5,026	3,805	26.85	102,164	50.44	191,924
33	NURSERY	2,905		11.30		27.74	
101	TOTAL	68,691	32,262		629,271		1,345,819

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	393,472	1,894,232	76,435,543	28,096,304	.005148	144,640
39	RECOVERY ROOM	89,069	227,505	12,938,328	2,954,550	.006884	20,339
40	DELIVERY ROOM & LABOR ROO	62,762	257,605	3,882,484	8,290	.016165	134
41	ANESTHESIOLOGY	36,238	161,675	23,589,827	6,681,023	.001536	10,262
41	RADIOLOGY-DIAGNOSTIC	189,105	1,738,746	40,093,344	4,650,694	.004717	21,937
41 01	NUCLEAR MEDICINE-DIAGNOST	15,692	212,767	6,319,034	1,405,551	.002483	3,490
41 02	CARDIAC CATHETERIZATION L	159,405	1,146,896	65,136,209	30,551,742	.002447	74,760
41 22	CT SCAN	61,571	353,932	37,840,748	9,624,292	.001627	15,659
41 23	ULTRASOUND	28,816	229,124	8,727,701	1,373,949	.003302	4,537
41 26	MRI	41,075	165,820	10,558,357	1,962,619	.003890	7,635
42	RADIOLOGY-THERAPEUTIC	82,861	314,964	16,673,025	29,682	.004970	148
44	LABORATORY	298,084	728,932	61,043,701	16,850,566	.004883	82,281
46	WHOLE BLOOD & PACKED RED	1,565	3,227				
48	INTRAVENOUS THERAPY	43,600	139,178	7,262,669	3,472,420	.006003	20,845
49	RESPIRATORY THERAPY	58,709	218,780	13,931,542	6,377,104	.004214	26,873
50	PHYSICAL THERAPY	313,627	708,870	13,128,488	85,619	.023889	2,045
53	ELECTROCARDIOLOGY	67,590	207,500	11,430,999	3,476,137	.005913	20,554
55	MEDICAL SUPPLIES CHARGED	77,086	194,649	11,202,703	172,044	.006881	1,184
56	DRUGS CHARGED TO PATIENTS	61,882	120,301	46,879,236	21,369,793	.001320	28,208
58 01	RENAL DIALYSIS (IP)	2,300	4,189	626,829	466,266	.003669	1,711
59	CARDIAC REHAB	34,525	69,715	870,193	152,487	.039675	6,050
59 01	OP PSY/CDU	120,978	228,660	5,359,855	7,016	.022571	158
59 02	RIMMS	33,137	82,390	1,058,196		.031315	
59 03	GENETIC/OAK PLAZA CLINICS	50	110				
59 04	PAIN CLINIC	12	3,288				
59 05	DIABETES	16,296	23,919	335,651	232	.048550	11
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	183,988	474,273	35,845,492	7,309,025	.005133	37,517
63	OBSERVATION BEDS (NON-DIS	5,496	11,727	2,043,298	25,537	.002690	69
63	INFUSION	36,816	167,858	9,258,955		.003976	
63 01	COMMUNITY HEALTH CENTERS	201,396	562,631	123,689		1.628245	
63 02	RASC			9,372,262			
63 50	RHC						
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	TOTAL	2,717,203	10,653,463	531,968,358	147,102,942		531,047

6/1/036

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET D
I COMPONENT NO:	I TO 12/31/2008	I PART II
I 14-0186	I	I

PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.024782	696,283
38	RECOVERY ROOM	.017584	51,953
39	DELIVERY ROOM & LABOR ROO	.066351	550
40	ANESTHESIOLOGY	.006854	45,792
41	RADIOLOGY-DIAGNOSTIC	.043367	201,687
41 01	NUCLEAR MEDICINE-DIAGNOST	.033671	47,326
41 02	CARDIAC CATHETERIZATION L	.017608	537,955
41 22	CT SCAN	.009353	90,016
41 23	ULTRASOUND	.026253	36,070
41 26	MRI	.015705	30,823
42	RADIOLOGY-THERAPEUTIC	.018891	561
44	LABORATORY	.011941	201,213
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY	.019163	66,542
49	RESPIRATORY THERAPY	.015704	100,146
50	PHYSICAL THERAPY	.053995	4,623
53	ELECTROCARDIOLOGY	.018152	63,099
55	MEDICAL SUPPLIES CHARGED	.017375	2,989
56	DRUGS CHARGED TO PATIENTS	.002566	54,835
58 01	RENAL DIALYSIS (IP)	.006683	3,116
59	CARDIAC REHAB	.080114	12,216
59 01	OP PSY/CDU	.042662	299
59 02	RIMMS	.077859	
59 03	GENETIC/OAK PLAZA CLINICS		
59 04	PAIN CLINIC		
59 05	DIABETES	.071262	17
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.013231	96,706
62	OBSERVATION BEDS (NON-DIS	.005739	147
63	INFUSION	.018129	
63 01	COMMUNITY HEALTH CENTERS	4.548755	
63 02	RASC		
63 50	RHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		2,344,964

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APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS		140,340		140,340	53,911	2.60
26	ADULTS & PEDIATRICS		41,582		41,582	3,437	12.10
27	INTENSIVE CARE UNIT		83,165		83,165	3,412	24.37
31	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUB II - REHAB		5,198		5,198	5,026	1.03
33	NURSERY					2,905	
101	TOTAL		270,285		270,285	68,691	

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Health Financial Systems MCRIF32

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D
I		I	TO 12/31/2008	I	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	24,122	62,717
26	INTENSIVE CARE UNIT	2,141	25,906
27	CORONARY CARE UNIT	2,194	53,468
31	SUBPROVIDER		
31 01	SUB II - REHAB	3,805	3,919
33	NURSERY		
101	TOTAL	32,262	146,010

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Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 14-0186 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1		2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS		1.01				
37	OPERATING ROOM			20,791			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE-DIAGNOST						
41 02	CARDIAC CATHETERIZATION L						
41 22	CT SCAN						
41 23	ULTRASOUND						
41 26	MRI						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY			36,385			
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB						
59 01	OP PSY/CDU						
59 02	RIMMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			166,329			
62	OBSERVATION BEDS (NON-DIS			815			
63	INFUSION						
63 01	COMMUNITY HEALTH CENTERS						
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			224,320			

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TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	20,791	20,791	76,435,543	.000272	.000272	28,096,304	7,642
39	RECOVERY ROOM			12,938,328			2,954,550	
40	DELIVERY ROOM & LABOR ROO			3,882,484			8,290	
41	ANESTHESIOLOGY			23,589,827			6,681,023	
41	RADIOLOGY-DIAGNOSTIC			40,093,344			4,650,694	
41 01	NUCLEAR MEDICINE-DIAGNOST			6,319,034			1,405,551	
41 02	CARDIAC CATHETERIZATION L			65,136,209			30,551,742	
41 22	CT SCAN			37,840,748			9,624,292	
41 23	ULTRASOUND			8,727,701			1,373,949	
41 26	MRI			10,558,357			1,962,619	
42	RADIOLOGY-THERAPEUTIC			16,673,025			29,682	
44	LABORATORY			61,043,701			16,850,566	
46	-WHOLE BLOOD & PACKED RED							
48	INTRAVENOUS THERAPY			7,262,669			3,472,420	
49	RESPIRATORY THERAPY	36,385	36,385	13,931,542	.002612	.002612	6,377,104	16,657
50	PHYSICAL THERAPY			13,128,488			85,619	
53	ELECTROCARDIOLOGY			11,430,999			3,476,137	
55	MEDICAL SUPPLIES CHARGED			11,202,703			172,044	
56	DRUGS CHARGED TO PATIENTS			46,879,236			21,369,793	
58 01	RENAL DIALYSIS (IP)			626,829			466,266	
59	CARDIAC REHAB			870,193			152,487	
59 01	OP PSY/CDU			5,359,855			7,016	
59 02	RIMMS			1,058,196				
59 03	GENETIC/OAK PLAZA CLINICS							
59 04	PAIN CLINIC							
59 05	DIABETES			335,651			232	
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY	166,329	166,329	35,845,492	.004640	.004640	7,309,025	33,914
63	OBSERVATION BEDS (NON-DIS	815	815	2,043,298	.000399	.000399	25,537	10
63	INFUSION			9,258,955				
63 01	COMMUNITY HEALTH CENTERS			123,689				
63 02	RASC			9,372,262				
63 50	RHC							
65	OTHER REIMBURS COST CNTRS							
101	AMBULANCE SERVICES							
	TOTAL	224,320	224,320	531,968,358			147,102,942	58,223

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TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES 8	OUTPUT PROG D,V COL 5.03 8.01	OUTPUT PROG D,V COL 5.04 8.02	OUTPUT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,325,383			1,993		
38	RECOVERY ROOM	1,124,470					
39	DELIVERY ROOM & LABOR ROO	2,051					
40	ANESTHESIOLOGY	1,653,497					
41	RADIOLOGY-DIAGNOSTIC	9,795,311					
41 01	NUCLEAR MEDICINE-DIAGNOST	1,528,900					
41 02	CARDIAC CATHETERIZATION L	13,315,812					
41 22	CT SCAN	5,234,210					
41 23	ULTRASOUND	1,063,352					
41 26	MRI	1,707,018					
42	RADIOLOGY--THERAPEUTIC	6,814,740					
44	LABORATORY	10,567,604					
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	354,348					
49	RESPIRATORY THERAPY	1,069,972			2,795		
50	PHYSICAL THERAPY	1,741					
53	ELECTROCARDIOLOGY	1,629,522					
55	MEDICAL SUPPLIES CHARGED	13,308					
56	DRUGS CHARGED TO PATIENTS	2,393,580					
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB	282,845					
59 01	OP PSY/CDU	503,830					
59 02	RIMMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES	111,196					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,593,638			16,674		
62	OBSERVATION BEDS (NON-DIS	599,582			239		
63	INFUSION	4,842,302					
63 01	COMMUNITY HEALTH CENTERS						
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	75,528,212			21,701		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 14-0186 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.361656	.361656			
38 RECOVERY ROOM	.266448	.266448			
39 DELIVERY ROOM & LABOR ROOM	.664361	.664361			
40 ANESTHESIOLOGY	.070745	.070745			
41 RADIOLOGY-DIAGNOSTIC	.232946	.232946			
41 01 NUCLEAR MEDICINE-DIAGNOSTIC	.162973	.162973			
41 02 CARDIAC CATHETERIZATION LABORATORY	.196159	.196159			
41 22 CT SCAN	.055363	.055363			
41 23 ULTRASOUND	.142962	.142962			
41 26 MRI	.081897	.081897			
42 RADIOLOGY-THERAPEUTIC	.305660	.305660			
44 LABORATORY	.183496	.183496			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
48 INTRAVENOUS THERAPY	.463288	.463288			
49 RESPIRATORY THERAPY	.235815	.235815			
50 PHYSICAL THERAPY	.486724	.486724			
53 ELECTROCARDIOLOGY	.151917	.151917			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.225054	.225054			
56 DRUGS CHARGED TO PATIENTS	.166972	.166972			
58 01 RENAL DIALYSIS (IP)	.940189	.940189			
59 CARDIAC REHAB	.823395	.823395			
59 01 OP PSY/CDU	.360158	.360158			
59 02 RIMMS	.930221	.930221			
59 03 GENETIC/OAK PLAZA CLINICS					
59 04 PAIN CLINIC					
59 05 DIABETES	.953127	.953127			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.193431	.193431			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.086987	.086987			
63 INFUSION	.333607	.333607			
63 01 COMMUNITY HEALTH CENTERS	11.900872	11.900872			
63 02 RASC	.177563	.177563			
63 50 RHC					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES	1.063134	1.063134			
102 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 14-0186 I I

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
FYB to 12/31Non-PPS
ServicesPPS Services
1/1 to FYEOutpatient
Ambulatory
Surgical Ctr

Cost Center Description

5

5.01

5.02

5.03

6

(A) ANCILLARY SRVC COST CNTRS
 37 OPERATING ROOM 7,325,383
 38 RECOVERY ROOM 1,124,470
 39 DELIVERY ROOM & LABOR ROOM 2,051
 40 ANESTHESIOLOGY 1,653,497
 41 RADIOLOGY-DIAGNOSTIC 9,795,311
 41 01 NUCLEAR MEDICINE-DIAGNOSTIC 1,528,900
 41 02 CARDIAC CATHETERIZATION LABORATORY 13,315,812
 41 22 CT SCAN 5,234,210
 41 23 ULTRASOUND 1,063,352
 41 26 MRI 1,707,018
 42 RADIOLOGY-THERAPEUTIC 6,814,740
 44 LABORATORY 10,567,604
 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
 48 INTRAVENOUS THERAPY 354,348
 49 RESPIRATORY THERAPY 1,069,972
 50 PHYSICAL THERAPY 1,741
 53 ELECTROCARDIOLOGY 1,629,522
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS 13,308
 56 DRUGS CHARGED TO PATIENTS 2,393,580
 58 01 RENAL DIALYSIS (IP)
 59 CARDIAC REHAB 282,845
 59 01 OP PSY/CDU 503,830
 59 02 RIMMS
 59 03 GENETIC/OAK PLAZA CLINICS
 59 04 PAIN CLINIC
 59 05 DIABETES 111,196
 61 OUTPAT SERVICE COST CNTRS
 62 EMERGENCY 3,593,638
 63 OBSERVATION BEDS (NON-DISTINCT PART) 599,582
 63 INFUSION 4,842,302
 63 01 COMMUNITY HEALTH CENTERS
 63 02 RASC
 63 50 RHC
 65 OTHER REIMBURS COST CNTRS
 65 AMBULANCE SERVICES
 101 SUBTOTAL 75,528,212
 102 CRNA CHARGES
 103 LESS PBP CLINIC LAB SVCS-
 104 PROGRAM ONLY CHARGES
 104 NET CHARGES 75,528,212

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,649,269	
38	RECOVERY ROOM				299,613	
39	DELIVERY ROOM & LABOR ROOM				1,363	
40	ANESTHESIOLOGY				116,977	
41	RADIOLOGY-DIAGNOSTIC				2,281,779	
41 01	NUCLEAR MEDICINE-DIAGNOSTIC				249,169	
41 02	CARDIAC CATHETERIZATION LABORATORY				2,612,016	
41 22	CT SCAN				289,782	
41 23	ULTRASOUND				152,019	
41 26	MRI				139,800	
42	RADIOLOGY-THERAPEUTIC				2,082,993	
44	LABORATORY				1,939,113	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	INTRAVENOUS THERAPY				164,165	
49	RESPIRATORY THERAPY				252,315	
50	PHYSICAL THERAPY				847	
53	ELECTROCARDIOLOGY				247,552	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,995	
56	DRUGS CHARGED TO PATIENTS				399,661	
58 01	RENAL DIALYSIS (IP)					
59	CARDIAC REHAB				232,893	
59 01	OP PSY/CDU				181,458	
59 02	RIMMS					
59 03	GENETIC/OAK PLAZA CLINICS					
59 04	PAIN CLINIC					
59 05	DIABETES				105,984	
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				695,121	
62	OBSERVATION BEDS (NON-DISTINCT PART)				52,156	
63	INFUSION				1,615,426	
63 01	COMMUNITY HEALTH CENTERS					
63 02	RASC					
63 50	RHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				16,764,466	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				16,764,466	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 NUCLEAR MEDICINE-DIAGNOSTIC			
41 02 CARDIAC CATHETERIZATION LABORATORY			
41 22 CT SCAN			
41 23 ULTRASOUND			
41 26 MRI			
42 RADIOLOGY-THERAPEUTIC			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 01 RENAL DIALYSIS (IP)			
59 CARDIAC REHAB			
59 01 OP PSY/CDU			
59 02 RIMMS			
59 03 GENETIC/OAK PLAZA CLINICS			
59 04 PAIN CLINIC			
59 05 DIABETES			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 INFUSION			
63 01 COMMUNITY HEALTH CENTERS			
63 02 RASC			
63 50 RHC			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 14-T186 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	393,472	1,894,232	76,435,543	31,250	.005148	161
38	RECOVERY ROOM	89,069	227,505	12,938,328	8,847	.006884	61
39	DELIVERY ROOM & LABOR ROO	62,762	257,605	3,882,484		.016165	
40	ANESTHESIOLOGY	36,238	161,675	23,589,827	1,374	.001536	2
41	RADIOLOGY-DIAGNOSTIC	189,105	1,738,746	40,093,344	167,723	.004717	791
41 01	NUCLEAR MEDICINE-DIAGNOST	15,692	212,767	6,319,034	25,766	.002483	64
41 02	CARDIAC CATHETERIZATION L	159,405	1,146,896	65,136,209		.002447	
41 22	CT SCAN	61,571	353,932	37,840,748	230,843	.001627	376
41 23	ULTRASOUND	28,816	229,124	8,727,701	167,422	.003302	553
41 26	MRT	41,075	165,820	10,558,357	70,978	.003890	276
42	RADIOLOGY-THERAPEUTIC	82,861	314,964	16,673,025		.004970	
44	LABORATORY	298,084	728,932	61,043,701	838,026	.004883	4,092
46	WHOLE BLOOD & PACKED RED	1,565	3,227				
48	INTRAVENOUS THERAPY	43,600	139,178	7,262,669	59,312	.006003	356
49	RESPIRATORY THERAPY	58,709	218,780	13,931,542	827,541	.004214	3,487
50	PHYSICAL THERAPY	313,627	708,870	13,128,488	9,962	.023889	238
53	ELECTROCARDIOLOGY	67,590	207,500	11,430,999	48,631	.005913	288
55	MEDICAL SUPPLIES CHARGED	77,086	194,649	11,202,703	14,124	.006881	97
56	DRUGS CHARGED TO PATIENTS	61,882	120,301	46,879,236	2,705,960	.001320	3,572
58 01	RENAL DIALYSIS (IP)	2,300	4,189	626,829	86,570	.003669	318
59	CARDIAC REHAB	34,525	69,715	870,193	1,374	.039675	55
59 01	OP PSY/CDU	120,978	228,660	5,359,855		.022571	
59 02	RIMMS	33,137	82,390	1,058,196		.031315	
59 03	GENETIC/OAK PLAZA CLINICS	50	110				
59 04	PAIN CLINIC	12	3,288				
59 05	DIABETES	16,296	23,919	335,651		.048550	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	183,988	474,273	35,845,492	2,258	.005133	12
62	OBSERVATION BEDS (NON-DIS	5,496	11,727	2,043,298		.002690	
63	INFUSION	36,816	167,858	9,258,955		.003976	
63 01	COMMUNITY HEALTH CENTERS	201,396	562,631	123,689		1.628245	
63 02	RASC			9,372,262			
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,717,203	10,653,463	531,968,358	5,297,961		14,799

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET D
I COMPONENT NO:	I TO 12/31/2008	I PART II
I 14-T186	I	I

PPS

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.024782	774
38	RECOVERY ROOM	.017584	156
39	DELIVERY ROOM & LABOR ROO	.066351	
40	ANESTHESIOLOGY	.006854	9
41	RADIOLOGY-DIAGNOSTIC	.043367	7,274
41 01	NUCLEAR MEDICINE-DIAGNOST	.033671	868
41 02	CARDIAC CATHETERIZATION L	.017608	
41 22	CT SCAN	.009353	2,159
41 23	ULTRASOUND	.026253	4,395
41 26	MRI	.015705	1,115
42	RADIOLOGY-THERAPEUTIC	.018891	
44	LABORATORY	.011941	10,007
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY	.019163	1,137
49	RESPIRATORY THERAPY	.015704	12,996
50	PHYSICAL THERAPY	.053995	538
53	ELECTROCARDIOLOGY	.018152	883
55	MEDICAL SUPPLIES CHARGED	.017375	245
56	DRUGS CHARGED TO PATIENTS	.002566	6,943
58 01	RENAL DIALYSIS (IP)	.006683	579
59	CARDIAC REHAB	.080114	110
59 01	OP PSY/CDU	.042662	
59 02	RIMMS	.077859	
59 03	GENETIC/OAK PLAZA CLINICS		
59 04	PAIN CLINIC		
59 05	DIABETES	.071262	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.013231	30
62	OBSERVATION BEDS (NON-DIS	.005739	
63	INFUSION	.018129	
63 01	COMMUNITY HEALTH CENTERS	4.548755	
63 02	RASC		
63 50	RHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		50,218

B/12/10

Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 14-T186 I
 PPS

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			20,791			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE-DIAGNOST						
41 02	CARDIAC CATHETERIZATION L						
41 22	CT SCAN						
41 23	ULTRASOUND						
41 26	MRI						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY			36,385			
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB						
59 01	OP PSY/CDU						
59 02	RIMMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			166,329			
62	OBSERVATION BEDS (NON-DIS			815			
63	INFUSION						
63 01	COMMUNITY HEALTH CENTERS						
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			224,320			

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	20,791	20,791	76,435,543	.000272	.000272	31,250	9
38	RECOVERY ROOM			12,938,328			8,847	
39	DELIVERY ROOM & LABOR ROO			3,882,484				
40	ANESTHESIOLOGY			23,589,827			1,374	
41	RADIOLOGY-DIAGNOSTIC			40,093,344			167,723	
41 01	NUCLEAR MEDICINE-DIAGNOST			6,319,034			25,766	
41 02	CARDIAC CATHETERIZATION L			65,136,209				
41 22	CT SCAN			37,840,748			230,843	
41 23	ULTRASOUND			8,727,701			167,422	
41 26	MRI			10,558,357			70,978	
42	RADIOLOGY-THERAPEUTIC			16,673,025				
44	LABORATORY			61,043,701			838,026	
46	WHOLE BLOOD & PACKED RED							
48	INTRAVENOUS THERAPY			7,262,669			59,312	
49	RESPIRATORY THERAPY	36,385	36,385	13,931,542	.002612	.002612	827,541	2,162
50	PHYSICAL THERAPY			13,128,488			9,962	
53	ELECTROCARDIOLOGY			11,430,999			48,631	
55	MEDICAL SUPPLIES CHARGED			11,202,703			14,124	
56	DRUGS CHARGED TO PATIENTS			46,879,236			2,705,960	
58 01	RENAL DIALYSIS (IP)			626,829			86,570	
59	CARDIAC REHAB			870,193			1,374	
59 01	OP PSY/CDU			5,359,855				
59 02	RIMMS			1,058,196				
59 03	GENETIC/OAK PLAZA CLINICS							
59 04	PAIN CLINIC							
59 05	DIABETES			335,651				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	166,329	166,329	35,845,492	.004640	.004640	2,258	10
62	OBSERVATION BEDS (NON-DIS	815	815	2,043,298	.000399	.000399		
63	INFUSION			9,258,955				
63 01	COMMUNITY HEALTH CENTERS			123,689				
63 02	RASC			9,372,262				
63 50	RHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	224,320	224,320	531,968,358			5,297,961	2,181

Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 14-T186 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE-DIAGNOST						
41 02	CARDIAC CATHETERIZATION L						
41 22	CT SCAN						
41 23	ULTRASOUND						
41 26	MRI						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB						
59 01	OP PSY/CDU						
59 02	RIMMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	INFUSION						
63 01	COMMUNITY HEALTH CENTERS						
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

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I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D-1
I COMPONENT NO: I TO 12/31/2008 I PART I
I 14-0186 I I

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TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	53,911
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,911
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,911
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	24,122
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30,613,932
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,613,932

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	25,923,725
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,923,725
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.180923
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	480.86
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	30,613,932

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 567.86
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 13,697,919
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 13,697,919

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	4,014,428	3,437	1,168.00	2,141	2,500,688
44 CORONARY CARE UNIT	4,740,508	3,412	1,389.36	2,194	3,048,256
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					32,074,443
49 TOTAL PROGRAM INPATIENT COSTS					51,321,306

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,823,093
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,934,234
 52 TOTAL PROGRAM EXCLUDABLE COST 4,757,327
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 46,563,979

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART III
I 14-0186	I	I

TITLE XVIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS	313
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	567.86
85 OBSERVATION BED COST	177,740

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	946,720	30,613,932	.030924	177,740	5,496
87 NEW CAPITAL-RELATED COST	2,019,866	30,613,932	.065979	177,740	11,727
88 NON PHYSICIAN ANESTHETIST		30,613,932		177,740	
89 MEDICAL EDUCATION	140,340	30,613,932	.004584	177,740	815
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART I
I -	I	I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
- 6 THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 7 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
- 8 DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
- 10 THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
- 12 DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 13 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
- 14 (EXCLUDING SWING-BED AND NEWBORN DAYS)
- 15 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
- 16 PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 17 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
- 18 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
- 19 YEAR, ENTER 0 ON THIS LINE)
- 20 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING
- 21 PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 22 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING
- 23 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
- 24 YEAR, ENTER 0 ON THIS LINE)
- 25 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
- 26 (EXCLUDING SWING-BED DAYS)
- 27 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 28 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
- 18 DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER
- 20 DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH
- 22 DECEMBER 31 OF THE COST REPORTING PERIOD
- 23 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER
- 24 DECEMBER 31 OF THE COST REPORTING PERIOD
- 25 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 26 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
- 27 REPORTING PERIOD
- 28 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
- 29 REPORTING PERIOD
- 30 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
- 31 REPORTING PERIOD
- 32 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
- 33 REPORTING PERIOD
- 34 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 35 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM
- COST DIFFERENTIAL

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TITLE XVIII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE

PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM

41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES

51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES

52 TOTAL PROGRAM EXCLUDABLE COST

53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN

ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES

55 TARGET AMOUNT PER DISCHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED

AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET

BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE

LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN

EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)

OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1

(SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1

(SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST

REPORTING PERIOD (SEE INSTRUCTIONS)

61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST

REPORTING PERIOD (SEE INSTRUCTIONS)

62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS

63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE

COST REPORTING PERIOD

64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE

COST REPORTING PERIOD

65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

811/136

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	-	I		I	

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68 PROGRAM ROUTINE SERVICE COST

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72 PER DIEM CAPITAL-RELATED COSTS

73 PROGRAM CAPITAL-RELATED COSTS

74 INPATIENT ROUTINE SERVICE COST

75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78 INPATIENT ROUTINE SERVICE COST LIMITATION

79 REASONABLE INPATIENT ROUTINE SERVICE COSTS

80 PROGRAM INPATIENT ANCILLARY SERVICES

81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

82/136

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART I
I 14-T186	I	I

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,026
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,026
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,026
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,805
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,342,032
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,342,032

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,097,600
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,097,600
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.078910
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	616.32
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,342,032

83/136

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	664.95
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,530,135
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,530,135

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1,027,001
49	TOTAL PROGRAM INPATIENT COSTS				3,557,136

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	298,007
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	67,198
52	TOTAL PROGRAM EXCLUDABLE COST	365,205
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,191,931

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

84/136

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART III
I 14-T186	I	I

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68 PROGRAM ROUTINE SERVICE COST

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72 PER DIEM CAPITAL-RELATED COSTS

73 PROGRAM CAPITAL-RELATED COSTS

74 INPATIENT ROUTINE SERVICE COST

75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78 INPATIENT ROUTINE SERVICE COST LIMITATION

79 REASONABLE INPATIENT ROUTINE SERVICE COSTS

80 PROGRAM INPATIENT ANCILLARY SERVICES

81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 664.95

85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	134,950	3,342,032	.040380		
87 NEW CAPITAL-RELATED COST	253,502	3,342,032	.075853		
88 NON PHYSICIAN ANESTHETIST		3,342,032			
89 MEDICAL EDUCATION	5,198	3,342,032	.001555		
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

85/136

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	14-0186	I		I	

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	53,911
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,911
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,911
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,002
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,905
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,609

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30,595,793
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,595,793

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	30,595,793

86/136

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 14-0186 I I

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 567.52
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,378,895
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,378,895

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)	2,513,615	2,905	865.27	1,609	1,392,219
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	4,014,428	3,437	1,168.00	95	110,960
44 CORONARY CARE UNIT	4,740,508	3,412	1,389.36	721	1,001,729
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS 9,883,803

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

89/136

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	14-0186	I		I	

TITLE XIX - I/P

HOSPITAL

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	313
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	567.52
85	OBSERVATION BED COST	177,634

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

88/136

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	-	I		I	

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
- 6 THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 7 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
- 8 DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
- 10 THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
- 12 DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 13 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
- 14 (EXCLUDING SWING-BED AND NEWBORN DAYS)
- 15 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
- 16 PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 17 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING
- 18 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
- 19 YEAR, ENTER 0 ON THIS LINE)
- 20 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING
- 21 PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 22 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING
- 23 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
- 24 YEAR, ENTER 0 ON THIS LINE)
- 25 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
- 26 (EXCLUDING SWING-BED DAYS)
- 27 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 28 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
- 18 DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER
- 20 DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH
- 22 DECEMBER 31 OF THE COST REPORTING PERIOD
- 23 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER
- 24 DECEMBER 31 OF THE COST REPORTING PERIOD
- 25 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 26 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
- 27 REPORTING PERIOD
- 28 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
- 29 REPORTING PERIOD
- 30 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
- 31 REPORTING PERIOD
- 32 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
- 33 REPORTING PERIOD
- 34 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 35 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM
- 38 COST DIFFERENTIAL

89/136

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I - I I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART III
I -	I	I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	14-T186	I		I	

TITLE XIX - I/P

SUBPROVIDER II

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,026
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,026
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,026
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	244
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,342,032
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,342,032

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,342,032

TITLE XIX - I/P

SUBPROVIDER II

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	664.95
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	162,248
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	162,248

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				162,248

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	14-T186	I		I	

TITLE XIX - I/P

SUBPROVIDER II

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 664.95
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

PROVIDER NO:
14-0186PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 6/ 1/2009
WORKSHEET D-2

PART I-NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME 1	EXPENSE ALLOCATION 2	TOTAL INPATIENT DAYS-ALL PATIENTS 3
1 TOTAL COST OF SERVICES RENDERED	100.00		
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS			53,911
3 INTENSIVE CARE UNIT			3,437
4 CORONARY CARE UNIT			3,412
8 NURSERY			2,905
9 SUBTOTAL			
10 SUBPROVIDER			
10.01 SUB II - REHAB			5,026
15 HOME HEALTH AGENCY			
17.01 RENAL DIALYSIS (IP)			
19 SUBTOTAL			

TOTAL
CHARGES

21 EMERGENCY	35,845,492
22 OBSERVATION BEDS (NON-DISTINCT PART)	2,043,298
23 INFUSION	9,258,955
23.01 COMMUNITY HEALTH CENTERS	123,689
23.02 RASC	9,372,262
23.50 RHC	152,114
24 SUBTOTAL	
25 TOTAL	

PART II-IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S 8, PT 1 COLS 22 & 23 1	SWING BED AMOUNT 2	NET COST 3
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS			
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT			
30 CORONARY CARE UNIT			
34 SUBTOTAL			
35 SUBPROVIDER			
35.01 SUB II - REHAB			
38 TOTAL			

PART III-SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)
NOT IN APPROVED TEACHING PROGRAM
(FROM PART I) AMOUNT

COST CENTERS	1	2
HOSPITAL		
39 INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
42 SUBPROVIDER	CL 9, LN 10	
42.01 SUB II - REHAB	CL 9, LN 10.01	

97/1360

Health Financial Systems MCRIF32 FOR RIVERSIDE MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009

I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D-2

I I TO 12/31/2008 I

I I

PART I-NOT IN APPROVED TEACHING PROGRAM

COST CENTERS		AVERAGE COST PER DAY	---HEALTH CARE TITLE V	PROGRAM INPATIENT DAYS--- TITLE XVIII PART B	TITLE XIX	TITLE V
		4	5	6	7	8
1	TOTAL COST OF SERVICES RENDERED					
	HOSPITAL INPATIENT ROUTINE SERVICES:					
2	ADULTS & PEDIATRICS					
3	INTENSIVE CARE UNIT					
4	CORONARY CARE UNIT					
8	NURSERY					
9	SUBTOTAL					
10	SUBPROVIDER					
10.01	SUB II - REHAB					
15	HOME HEALTH AGENCY					
17.01	RENAL DIALYSIS (IP)					
19	SUBTOTAL					

		RATIO OF COST TO CHARGES	----- OUTPATIENT TITLE V	CHARGES TITLE XVIII PART B	----- TITLE XIX	OUTPAT COST TITLE V
21	EMERGENCY					
22	OBSERVATION BEDS (NON-DISTINCT PART)					
23	INFUSION					
23.01	COMMUNITY HEALTH CENTERS					
23.02	RASC					
23.50	RHC					
24	SUBTOTAL					
25	TOTAL					

PART II-IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS		TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
		4	5	6	7
	HOSPITAL INPATIENT ROUTINE SERVICES:				
26	ADULTS & PEDIATRICS				
27	SWING BED - SNF				
28	SWING BED - NF				
29	INTENSIVE CARE UNIT				
30	CORONARY CARE UNIT				
34	SUBTOTAL				
35	SUBPROVIDER				
35.01	SUB II - REHAB				
38	TOTAL				

PART III-SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

		--IN APPROVED TEACH PROG-- (PT II, COL.7)	AMOUNT	--TOTAL TITLE XVIII COSTS-- (W/S E, PT B) (COLS 2 + 4)
		3	4	5
39	HOSPITAL			
40	INPATIENT	LINE 34		
41	OUTPATIENT			LINE 2
42	TOTAL HOSPITAL			LINE 2
42	SUBPROVIDER	LINE 35		LINE 2
42.01	SUB II - REHAB	LINE 35.01		LINE 2

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET D-2
I		I	TO 12/31/2008	I	
I		I		I	

PART I-NOT IN APPROVED TEACHING PROGRAM

COST CENTERS

TITLE XVIII

TITLE XIX

9

10

1 TOTAL COST OF SERVICES RENDERED
 HOSPITAL INPATIENT ROUTINE SERVICES:
 2 ADULTS & PEDIATRICS
 3 INTENSIVE CARE UNIT
 4 CORONARY CARE UNIT
 8 NURSERY
 9 SUBTOTAL
 10 SUBPROVIDER
 10.01 SUB II - REHAB
 15 HOME HEALTH AGENCY
 17.01 RENAL DIALYSIS (IP)
 19 SUBTOTAL

OUTPATIENT COST
 TITLE XVIII TITLE XIX
 PART B

21 EMERGENCY
 22 OBSERVATION BEDS (NON-DISTINCT PART)
 23 INFUSION
 23.01 COMMUNITY HEALTH CENTERS
 23.02 RASC
 23.50 RHC
 24 SUBTOTAL
 25 TOTAL

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 14-0186 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		19,928,117	
27	INTENSIVE CARE UNIT		2,961,153	
31	CORONARY CARE UNIT		3,034,455	
31	SUBPROVIDER			
31	01 SUB II - REHAB			
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.364267	28,096,304	10,234,556
39	RECOVERY ROOM	.266448	2,954,550	787,234
40	DELIVERY ROOM & LABOR ROOM	.664361	8,290	5,508
41	ANESTHESIOLOGY	.070745	6,681,023	472,649
41	RADIOLOGY-DIAGNOSTIC	.232946	4,650,694	1,083,361
41	01 NUCLEAR MEDICINE-DIAGNOSTIC	.162973	1,405,551	229,067
41	02 CARDIAC CATHETERIZATION LABORATORY	.196159	30,551,742	5,992,999
41	22 CT SCAN	.055363	9,624,292	532,830
41	23 ULTRASOUND	.142962	1,373,949	196,422
41	26 MRI	.081897	1,962,619	160,733
42	RADIOLOGY-THERAPEUTIC	.311693	29,682	9,252
44	LABORATORY	.183496	16,850,566	3,092,011
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY	.463288	3,472,420	1,608,731
49	RESPIRATORY THERAPY	.236747	6,377,104	1,509,760
50	PHYSICAL THERAPY	.486724	85,619	41,673
53	ELECTROCARDIOLOGY	.151917	3,476,137	528,084
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.225054	172,044	38,719
56	DRUGS CHARGED TO PATIENTS	.166972	21,369,793	3,568,157
58	01 RENAL DIALYSIS (IP)	.940189	466,266	438,378
59	CARDIAC REHAB	.823395	152,487	125,557
59	01 OP PSY/CDU	.360158	7,016	2,527
59	02 RIMMS	.930221		
59	03 GENETIC/OAK PLAZA CLINICS			
59	04 PAIN CLINIC			
59	05 DIABETES	.956988	232	222
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.193431	7,309,025	1,413,792
62	OBSERVATION BEDS (NON-DISTINCT PART)	.086987	25,537	2,221
63	INFUSION	.333607		
63	01 COMMUNITY HEALTH CENTERS	11.900872		
63	02 RASC	.177563		
63	50 RHC			
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES			
102	TOTAL		147,102,942	32,074,443
102	LESS PBP CLINIC LABORATORY SERVICES -			
103	PROGRAM ONLY CHARGES			
103	NET CHARGES		147,102,942	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I - I

TITLE XVIII, PART A

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUB II - REHAB			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.361656		
38	RECOVERY ROOM	.266448		
39	DELIVERY ROOM & LABOR ROOM	.664361		
40	ANESTHESIOLOGY	.070745		
41	RADIOLOGY-DIAGNOSTIC	.232946		
41	01 NUCLEAR MEDICINE-DIAGNOSTIC	.162973		
41	02 CARDIAC CATHETERIZATION LABORATORY	.196159		
41	22 CT SCAN	.055363		
41	23 ULTRASOUND	.142962		
41	26 MRI	.081897		
42	RADIOLOGY-THERAPEUTIC	.305660		
44	LABORATORY	.183496		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY	.463288		
49	RESPIRATORY THERAPY	.235815		
50	PHYSICAL THERAPY	.486724		
53	ELECTROCARDIOLOGY	.151917		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.225054		
56	DRUGS CHARGED TO PATIENTS	.166972		
58	01 RENAL DIALYSIS (IP)	.940189		
59	CARDIAC REHAB	.823395		
59	01 OP PSY/CDU	.360158		
59	02 RIMMS	.930221		
59	03 GENETIC/OAK PLAZA CLINICS			
59	04 PAIN CLINIC			
59	05 DIABETES	.953127		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.193431		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.086987		
63	INFUSION	.333607		
63	01 COMMUNITY HEALTH CENTERS	11.900872		
63	02 RASC	.177563		
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 14-T186 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
31	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUB II - REHAB		3,097,600	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.364267	31,250	11,383
39	RECOVERY ROOM	.266448	8,847	2,357
40	DELIVERY ROOM & LABOR ROOM	.664361		
41	ANESTHESIOLOGY	.070745	1,374	97
41	RADIOLOGY-DIAGNOSTIC	.232946	167,723	39,070
41	01 NUCLEAR MEDICINE-DIAGNOSTIC	.162973	25,766	4,199
41	02 CARDIAC CATHETERIZATION LABORATORY	.196159		
41	22 CT SCAN	.055363	230,843	12,780
41	23 ULTRASOUND	.142962	167,422	23,935
41	26 MRI	.081897	70,978	5,813
42	RADIOLOGY-THERAPEUTIC	.311693		
44	LABORATORY	.183496	838,026	153,774
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY	.463288	59,312	27,479
49	RESPIRATORY THERAPY	.236747	827,541	195,918
50	PHYSICAL THERAPY	.486724	9,962	4,849
53	ELECTROCARDIOLOGY	.151917	48,631	7,388
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.225054	14,124	3,179
56	DRUGS CHARGED TO PATIENTS	.166972	2,705,960	451,820
58	01 RENAL DIALYSIS (IP)	.940189	86,570	81,392
59	CARDIAC REHAB	.823395	1,374	1,131
59	01 OP PSY/CDU	.360158		
59	02 RIMMS	.930221		
59	03 GENETIC/OAK PLAZA CLINICS			
59	04 PAIN CLINIC			
59	05 DIABETES	.956988		
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	.193431	2,258	437
62	OBSERVATION BEDS (NON-DISTINCT PART)	.086987		
63	INFUSION	.333607		
63	01 COMMUNITY HEALTH CENTERS	11.900872		
63	02 RASC	.177563		
63	50 RHC			
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES			
101	TOTAL		5,297,961	1,027,001
102	LESS PBP CLINIC LABORATORY SERVICES -			
102	PROGRAM ONLY CHARGES			
103	NET CHARGES		5,297,961	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 12/31/2008	I PART A
I 14-0186	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

DRG AMOUNT

1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	44,780,862

MANAGED CARE PATIENTS

1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	707,415
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	248.16

INDIRECT MEDICAL EDUCATION ADJUSTMENT

3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I	
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	

FOR CR PERIODS ENDING ON OR
AFTER 7/1/2005
E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	
	SUM OF LINES PLUS E-3, PT
	3.21 - 3.23 VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	

DISPROPORTIONATE SHARE ADJUSTMENT

4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.83
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	24.35
4.02 SUM OF LINES 4 AND 4.01	29.18
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	15.15
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,784,301

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	5,782
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	

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CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 12/31/2008	I PART A
I 14-0186	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		52,272,578
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		52,272,578
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		4,372,548
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		142,091
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		58,223
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		56,845,440
16 TOTAL		49,175
17 PRIMARY PAYER PAYMENTS		56,796,265
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		4,085,852
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		66,496
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		647,081
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		452,957
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL		53,096,874
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		53,096,874
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		53,124,135
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-27,261
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO 12/31/2008	I	PART B
I	14-0186	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	16,742,765
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,887,139
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.826
1.04	LINE 1.01 TIMES LINE 1.03.	13,829,524
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	21,701
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,908,840
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,702,081
19	SUBTOTAL (SEE INSTRUCTIONS)	11,206,759
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	11,206,759
24	PRIMARY PAYER PAYMENTS	16,039
25	SUBTOTAL	11,190,720
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	402,684
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	281,879
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,472,599
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	11,472,599
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,947,637
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-475,038
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO 12/31/2008	I	PART 8
I	-	I		I	

PART 8 - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)
- COMPUTATION OF LESSER OF COST OR CHARGES
- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCE)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)
- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I 14-0186 I I

TITLE XVIII

HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,
 EITHER SUBMITTED OR TO BE SUBMITTED TO THE
 INTERMEDIARY, FOR SERVICES RENDERED IN THE COST
 REPORTING PERIOD. IF NONE, WRITE "NONE" OR
 ENTER A ZERO.
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A
 ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01		
ADJUSTMENTS TO PROVIDER	.02	1,016,412	442,996
ADJUSTMENTS TO PROVIDER	.03	1,089,089	264,532
ADJUSTMENTS TO PROVIDER	.04		71,100
ADJUSTMENTS TO PROVIDER	.05		
ADJUSTMENTS TO PROGRAM	.50		
ADJUSTMENTS TO PROGRAM	.51		
ADJUSTMENTS TO PROGRAM	.52		
ADJUSTMENTS TO PROGRAM	.53		
ADJUSTMENTS TO PROGRAM	.54		
SUBTOTAL	.99	2,105,501	778,628
4 TOTAL INTERIM PAYMENTS		53,124,135	11,947,637

TO BE COMPLETED BY INTERMEDIARY
 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
 AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
 IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01		
TENTATIVE TO PROVIDER	.02		
TENTATIVE TO PROVIDER	.03		
TENTATIVE TO PROGRAM	.50		
TENTATIVE TO PROGRAM	.51		
TENTATIVE TO PROGRAM	.52		
SUBTOTAL	.99	NONE	NONE
6 DETERMINED NET SETTLEMENT			
AMOUNT (BALANCE DUE)	.01	27,261	475,038
BASED ON COST REPORT (1)	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		53,096,874	11,472,599

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I - I I

TITLE XVIII

SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT			NONE	NONE
AMOUNT (BALANCE DUE)		.01		
BASED ON COST REPORT (1)		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I 14-T186 I

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,695,415		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01		379,751		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		379,751		NONE
4 TOTAL INTERIM PAYMENTS		5,075,166		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		188		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,075,354		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET E-3
I COMPONENT NO:	I TO 12/31/2008	I PART I
I -	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
- 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
- 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
- 1.05 OUTLIER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)
- INPATIENT PSYCHIATRIC FACILITY (IPF)
- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
- 1.09 NET IPF PPS OUTLIER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
- 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.
- 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)
- 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)
- INPATIENT REHABILITATION FACILITY (IRF)
- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
- 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.
- 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).
- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL
- 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
- 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 15 OTHER ADJUSTMENTS (SPECIFY)
- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS

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CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	-	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)
18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
19 INTERIM PAYMENTS
19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
20 BALANCE DUE PROVIDER/PROGRAM
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

----- FI ONLY -----
50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	14-T186	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,695,415
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0211
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	201,114
1.05	OUTLIER PAYMENTS	61,233
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,957,762
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.732240
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,957,762
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,957,762
7	DEDUCTIBLES	41,952
8	SUBTOTAL	4,915,810
9	COINSURANCE	9,472
10	SUBTOTAL	4,906,338
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	15,012
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,508
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,916,846
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	6,100
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	LIP PAYMENTS	152,408
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	14-T186	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,075,354
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,075,166
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	188
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

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BALANCE SHEET

I
I
IPROVIDER NO:
14-0186

I PERIOD:

I FROM 1/ 1/2008 I

I TO 12/31/2008 I

PREPARED 6/ 1/2009

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20,042,206			
2	TEMPORARY INVESTMENTS	1,604,284			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	31,991,695			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,485,030			
8	PREPAID EXPENSES	3,318,186			
9	OTHER CURRENT ASSETS	9,464,258			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	71,905,659			
FIXED ASSETS					
12	LAND	10,578,865			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	164,262,868			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	29,793,717			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	136,422,483			
18.01	LESS ACCUMULATED DEPRECIATION	-194,372,993			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	146,684,940			
OTHER ASSETS					
22	INVESTMENTS	120,700,177			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	3,498,799			
26	TOTAL OTHER ASSETS	124,198,976			
27	TOTAL ASSETS	342,789,575			

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BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I
 I I TO 12/31/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,792,499			
29 SALARIES, WAGES & FEES PAYABLE	10,339,040			
30 PAYROLL TAXES PAYABLE	3,863,866			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	30,712,996			
36 TOTAL CURRENT LIABILITIES	49,708,401			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	115,575,568			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	115,575,568			
43 TOTAL LIABILITIES	165,283,969			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	177,505,606			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	177,505,606			
52 TOTAL LIABILITIES AND FUND BALANCES	342,789,575			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET G-1
I		I	TO 12/31/2008	I	

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3 4
1 FUND BALANCE AT BEGINNING			
2 OF PERIOD			
3 NET INCOME (LOSS)		-34,308,613	
4 TOTAL		-34,308,613	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6			
7			
8			
9			
10 TOTAL ADDITIONS			
11 SUBTOTAL		-34,308,613	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF		-34,308,613	
PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND
	5	6	7 8
1 FUND BALANCE AT BEGINNING			
2 OF PERIOD			
3 NET INCOME (LOSS)			
4 TOTAL			
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6			
7			
8			
9			
10 TOTAL ADDITIONS			
11 SUBTOTAL			
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF			
PERIOD PER BALANCE SHEET			

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET G-2
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	42,550,971		42,550,971
2 00 SUBPROVIDER			
2 01 SUB II - REHAB	4,023,200		4,023,200
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	46,574,171		46,574,171
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,653,153		4,653,153
11 00 CORONARY CARE UNIT	4,659,938		4,659,938
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,313,091		9,313,091
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	55,887,262		55,887,262
17 00 ANCILLARY SERVICES	265,722,787	295,041,274	560,764,061
18 00 OUTPATIENT SERVICES			
18 50 RHC		144,654	144,654
19 00 HOME HEALTH AGENCY		4,898,117	4,898,117
20 00 AMBULANCE SERVICES	283,538	3,411,031	3,694,569
24 00			
25 00 TOTAL PATIENT REVENUES	321,893,587	303,495,076	625,388,663

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		206,104,488
ADD (SPECIFY)		
27 00 ADD (SPECIFY)		
28 00 BAD DEBT - GENERAL		
29 00 MISCELLANEOUS	4,704,070	
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		4,704,070
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		210,808,558

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET G-3
I		I	TO 12/31/2008	I	

DESCRIPTION

1	TOTAL PATIENT REVENUES	625,388,663
2	LESS: ALLOWANCES AND DISCOUNTS ON	416,296,094
3	NET PATIENT REVENUES	209,092,569
4	LESS: TOTAL OPERATING EXPENSES	210,808,558
5	NET INCOME FROM SERVICE TO PATIENT	-1,715,989
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	4,231,028
24.01	PROVIDER ASSESSMENT	6,269,849
24.02		
24.04		
24.05		
24.06		
24.07		
24.08		
24.09		
24.10		
24.12		
24.13		
24.14		
25	TOTAL OTHER INCOME	10,500,877
26	TOTAL	8,784,888
	OTHER EXPENSES	
27	NON OPERATING LOSSES	43,093,501
27.01		
27.02		
28		
29		
30	TOTAL OTHER EXPENSES	43,093,501
31	NET INCOME (OR LOSS) FOR THE PERIO	-34,308,613

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Health Financial Systems MCRIF32
ANALYSIS OF PROVIDER-BASED
HOME HEALTH AGENCY COSTS

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H
I HHA NO: I TO 12/31/2008 I
I 14-7400 I

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	913,072				86,443	999,515
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	939,562		58,849			998,411
7 PHYSICAL THERAPY	117,446		49,460			166,906
8 OCCUPATIONAL THERAPY	69,666		8,163			77,829
9 SPEECH PATHOLOGY	409		1,970			2,379
10 MEDICAL SOCIAL SERVICES	97,467		68			97,535
11 HOME HEALTH AIDE	157,156		11,813			168,969
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	2,294,778		130,323		86,443	2,511,544

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL	7,449	1,006,964		1,006,964
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE	7,665	1,006,076		1,006,076
7 PHYSICAL THERAPY	958	167,864		167,864
8 OCCUPATIONAL THERAPY	568	78,397		78,397
9 SPEECH PATHOLOGY	3	2,382		2,382
10 MEDICAL SOCIAL SERVICES	795	98,330		98,330
11 HOME HEALTH AIDE	1,282	170,251		170,251
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	18,720	2,530,264		2,530,264

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I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET H-4
I HHA NO:	I TO 12/31/2008	I PART I
I 14-7400	I	I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	ADMINISTRATIVE & GENERAL	1,006,964				1,006,964	1,006,964
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,006,076				1,006,076	665,057
7	PHYSICAL THERAPY	167,864				167,864	110,965
8	OCCUPATIONAL THERAPY	78,397				78,397	51,824
9	SPEECH PATHOLOGY	2,382				2,382	1,575
10	MEDICAL SOCIAL SERVICES	98,330				98,330	65,000
11	HOME HEALTH AIDE	170,251				170,251	112,543
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	2,530,264				2,530,264	

TOTAL

6

GENERAL SERVICE COST CENTERS		
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	1,671,133
7	PHYSICAL THERAPY	278,829
8	OCCUPATIONAL THERAPY	130,221
9	SPEECH PATHOLOGY	3,957
10	MEDICAL SOCIAL SERVICES	163,330
11	HOME HEALTH AIDE	282,794
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	2,530,264

Health Financial Systems
COST ALLOCATION -
HHA STATISTICAL BASIS

MCRIF32

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET H-4
I	HHA NO:	I	TO 12/31/2008	I	PART II
I	14-7400	I		I	

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
1	GENERAL SERVICE COST CENTERS					
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
					-1,006,964	1,523,300
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)					
					-1,006,964	1,523,300
25	COST TO BE ALLOCATED					
						1,006,964
26	UNIT COST MULTIPLIER					
						.661041

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Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-5
I HHA NO: I TO 12/31/2008 I PART I
I 14-7400 I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		12,750		24,043	45,162	684,937
2 SKILLED NURSING CARE	1,671,133					
3 PHYSICAL THERAPY	278,829					
4 OCCUPATIONAL THERAPY	130,221					
5 SPEECH PATHOLOGY	3,957					
6 MEDICAL SOCIAL SERVICES	163,330					
7 HOME HEALTH AIDE	282,794					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,530,264	12,750		24,043	45,162	684,937
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	COMMUNICATIO NS 6.01	DATA PROCESS ING 6.02	PURCHASING 6.03	BUSINESS OFF ICE 6.05	SUBTOTAL 6A.05	ADMIN & GENE RAL 6.06
1 ADMIN & GENERAL	14,658	379,102	1,708		1,162,360	203,793
2 SKILLED NURSING CARE					1,671,133	292,996
3 PHYSICAL THERAPY					278,829	48,886
4 OCCUPATIONAL THERAPY					130,221	22,831
5 SPEECH PATHOLOGY					3,957	694
6 MEDICAL SOCIAL SERVICES					163,330	28,636
7 HOME HEALTH AIDE					282,794	49,581
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	14,658	379,102	1,708		3,692,624	647,417
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

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Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-5
I HHA NO: I TO 12/31/2008 I PART I
I 14-7400 I

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	28,003	36,068		34,003		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	28,003	36,068		34,003		
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	I&R SERVICES -SALARY & FR 22
1 ADMIN & GENERAL			1,097			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			1,097			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 14-7400 I

HHA 1

HHA COST CENTER	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		1,465,324		1,465,324		
2 SKILLED NURSING CARE		1,964,129		1,964,129	967,786	2,931,915
3 PHYSICAL THERAPY		327,715		327,715	161,475	489,190
4 OCCUPATIONAL THERAPY		153,052		153,052	75,413	228,465
5 SPEECH PATHOLOGY		4,651		4,651	2,292	6,943
6 MEDICAL SOCIAL SERVICES		191,966		191,966	94,587	286,553
7 HOME HEALTH AIDE		332,375		332,375	163,771	496,146
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		4,439,212		4,439,212	1,465,324	4,439,212
21 UNIT COST MULTIPLIER					0.492730	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

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Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 14-7400 I

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (ACTUAL ENEFFITS	COMMUNICATIO NS B (PHONES
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	2,848		2,848	48,887	639,406	19
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,848		2,848	48,887	639,406	19
21 COST TO BE ALLOCATED	12,750		24,043	45,162	684,937	14,658
22 UNIT COST MULTIPLIER	4.476826		8.442065	0.923804	1.071208	771.473684

HHA COST CENTER	DATA PROCESS ING (DEVICES	PURCHASING (REQS	BUSINESS OFF ICE (CHARGES	RECONCILIATI ON	ADMIN & GENE RAL (ACCUM. COST	MAINTENANCE & REPAIRS (WORK ORDER
	6.02	6.03	6.05	6A.06	6.06	7
1 ADMIN & GENERAL	35	28,838			1,162,360	14
2 SKILLED NURSING CARE					1,671,133	
3 PHYSICAL THERAPY					278,829	
4 OCCUPATIONAL THERAPY					130,221	
5 SPEECH PATHOLOGY					3,957	
6 MEDICAL SOCIAL SERVICES					163,330	
7 HOME HEALTH AIDE					282,794	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	35	28,838			3,692,624	14
21 COST TO BE ALLOCATED	379,102	1,708			647,417	28,003
22 UNIT COST MULTIPLIER	831.485714	0.059227			0.175327	2000.214286

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR RIVERSIDE MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 14-7400 I

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (SQUARE FEET	DIETARY (MEALS SERVED	CAFETERIA (FTES	NURSING ADMI NISTRATION (DIRECT) NRSING HRS
	8	9	10	11	12	14
1 ADMIN & GENERAL	2,848		2,848			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,848		2,848			
21 COST TO BE ALLOCATED	36,068		34,003			
22 UNIT COST MULTIPLIER	12.664326		11.939256			

HHA COST CENTER	CENTRAL SERV ICES & SUPPL (COSTED REQUIS.	PHARMACY (COSTED REQUIS.	MEDICAL RECO RDS & LIBRAR (GROSS CHARGES	SOCIAL SERVI CE (TIME SPENT	I&R SERVICES -SALARY & FR (ASSIGNED TIME	PARAMED ED P RGM-(SPECIFY (ASSIGNED TIME
	15	16	17	18	22	24
1 ADMIN & GENERAL		4,865				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		4,865				
21 COST TO BE ALLOCATED		1,097				
22 UNIT COST MULTIPLIER		0.225488				

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
 I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 14-7400 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL VISITS 4	AVERAGE COST PER VISIT 5	PROGRAM VISITS PART A 6
PATIENT SERVICES								
1	SKILLED NURSING	2	2,931,915		2,931,915	10,367	282.81	7,176
2	PHYSICAL THERAPY	3	489,190		489,190	8,713	56.14	6,538
3	OCCUPATIONAL THERAPY	4	228,465		228,465	1,438	158.88	1,191
4	SPEECH PATHOLOGY	5	6,943		6,943	347	20.01	196
5	MEDICAL SOCIAL SERVICES	6	286,553		286,553	12	23,879.42	11
6	HOME HEALTH AIDE SERVICE	7	496,146		496,146	2,081	238.42	1,863
7	TOTAL		4,439,212		4,439,212	22,958		16,975

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11	TOTAL PROGRAM COST 12
1	SKILLED NURSING			2,029,445			2,029,445
2	PHYSICAL THERAPY			367,043			367,043
3	OCCUPATIONAL THERAPY			189,226			189,226
4	SPEECH PATHOLOGY			3,922			3,922
5	MEDICAL SOCIAL SERVICES			262,674			262,674
6	HOME HEALTH AIDE SERVICES			444,176			444,176
7	TOTAL			3,296,486			3,296,486

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
PATIENT SERVICES		1	2	3	4		
8	SKILLED NURSING	3760					
9	PHYSICAL THERAPY	3760					
10	OCCUPATIONAL THERAPY	3760					
11	SPEECH PATHOLOGY	3760					
12	MEDICAL SOCIAL SERVICES	3760					
13	HOME HEALTH AIDE SERVICE	3760					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11	TOTAL PROGRAM COST 12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

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I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-6
I HHA NO: I TO 12/31/2008 I PARTS I II & III
I 14-7400 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES	1	2	3	4	5	6	7
15 COST OF MEDICAL SUPPLIES	8.00				28,566		28,566
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST
LIMITATION:

	MSA NUMBER	AMOUNT
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	3760	2
17 PER BENE COST LIMITATION (FRM FI)	3760	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
	1	2	3	4	5
1 PHYSICAL THERAPY	50	.486724			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.225054			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.166972			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	
1 PHYSICAL THERAPY		56.14	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY		158.88					
3 SPEECH PATHOLOGY		20.01					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT
SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET H-7
I HHA NO:	I TO 12/31/2008	I PARTS I & II
I 14-7400	I	I

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART A

PART B
NOT SUBJECT TO
DED & COINSPART B
SUBJECT TO
DED & COINS

1

2

3

1	REASONABLE COST OF SERVICES	
2	TOTAL CHARGES	3,876,556
	CUSTOMARY CHARGES	
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR	
	PAYMENT FOR SERVICES ON A CHARGE BASIS	
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS	
	LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE	
	BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE	
	WITH 42 CFR 413.13(B)	
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)	
6	TOTAL CUSTOMARY CHARGES	3,876,556
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL	3,876,556
	REASONABLE COST	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
9	PRIMARY PAYOR AMOUNTS	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1PART B
SERVICES
2

10	TOTAL REASONABLE COST	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT	3,802,637
	OUTLIERS	
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH	
	OUTLIERS	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH	
	OUTLIERS	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP	
	EPISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS	
	(EXCLUDE COINSURANCE)	
12	SUBTOTAL	3,802,637
13	EXCESS REASONABLE COST	
14	SUBTOTAL	3,802,637
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	3,802,637
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	
	BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	3,802,637
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM	
	AGENCIES' TERMINATION OR DECREASE IN MEDICARE	
	UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	
22	SUBTOTAL	3,802,637
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	3,802,637
25	INTERIM PAYMENTS	3,802,637
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE	
	ONLY)	
26	BALANCE DUE PROVIDER/PROGRAM	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO
PROGRAM BENEFICIARIES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET H-8
I HHA NO: I TO 12/31/2008 I
I 14-7400 I

TITLE XVIII

HHA 1

DESCRIPTION

MM/DD/YYYY	PART A AMOUNT	MM/DD/YYYY	PART B AMOUNT
1	2	3	4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,
EITHER SUBMITTED OR TO BE SUBMITTED TO THE
INTERMEDIARY, FOR SERVICES RENDERED IN THE COST
REPORTING PERIOD. IF NONE, WRITE "NONE" OR
ENTER A ZERO.
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE
OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A
ZERO. (1)

ADJUSTMENTS TO PROVIDER .01
ADJUSTMENTS TO PROVIDER .02
ADJUSTMENTS TO PROVIDER .03
ADJUSTMENTS TO PROVIDER .04
ADJUSTMENTS TO PROVIDER .05
ADJUSTMENTS TO PROGRAM .50
ADJUSTMENTS TO PROGRAM .51
ADJUSTMENTS TO PROGRAM .52
ADJUSTMENTS TO PROGRAM .53
ADJUSTMENTS TO PROGRAM .54

SUBTOTAL .99

4 TOTAL INTERIM PAYMENTS

NONE
3,802,637

NONE

TO BE COMPLETED BY INTERMEDIARY

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER .01
TENTATIVE TO PROVIDER .02
TENTATIVE TO PROVIDER .03
TENTATIVE TO PROGRAM .50
TENTATIVE TO PROGRAM .51
TENTATIVE TO PROGRAM .52

SUBTOTAL .99

6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02
BASED ON COST REPORT (1)

7 TOTAL MEDICARE PROGRAM LIABILITY

NONE

NONE

3,802,637

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

- (1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER
AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

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I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 12/31/2008	I	PARTS I-IV	
I	14-0186	I		I		

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,121,546
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	165.16
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.83
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	24.35
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	29.18
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.09
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	251,002
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,372,548
PART II -	HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III -	PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV -	COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET	M-1
I	COMPONENT NO:	I	TO 12/31/2008	I		
I	14-3976	I		I		

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	34,318		34,318	
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER	63,105		63,105	
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
9 OTHER FACILITY HEALTH CARE STAFF COSTS	50,249		50,249	5,131
10 SUBTOTAL (SUM OF LINES 1-9)	147,672		147,672	5,131
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT				
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT				
14 SUBTOTAL (SUM OF LINES 11-13)				
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES				
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
19 OTHER HEALTH CARE COSTS		67,767	67,767	-22,584
20 ALLOWABLE GME COSTS				
21 SUBTOTAL (SUM OF LINES 15-20)		67,767	67,767	-22,584
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	147,672	67,767	215,439	-17,453
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY				
25 DENTAL				
26 OPTOMETRY				
26 ALL OTHER NONREIMBURSABLE COSTS				
27 NONALLOWABLE GME COSTS		6,967	6,967	
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		6,967	6,967	
29 FACILITY OVERHEAD				
30 FACILITY COSTS				
31 ADMINISTRATIVE COSTS				
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)				
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	147,672	74,734	222,406	-17,453

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 1/2009
I	14-0186	I	FROM 1/ 1/2008	I	WORKSHEET M-1
I	COMPONENT NO:	I	TO 12/31/2008	I	
I	14-3976	I		I	

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	34,318		34,318
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	63,105		63,105
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	55,380		55,380
10 SUBTOTAL (SUM OF LINES 1-9)	152,803		152,803
11 COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT			
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
14 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES			
17 TRANSPORTATION (HEALTH CARE STAFF)			
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS	45,183		45,183
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	45,183		45,183
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	197,986		197,986
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY			
25 DENTAL			
26 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS	6,967	-6,967	
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	6,967	-6,967	
29 FACILITY OVERHEAD			
30 FACILITY COSTS			
31 ADMINISTRATIVE COSTS			
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)			
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	204,953	-6,967	197,986

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET M-2
I COMPONENT NO: I TO 12/31/2008 I
I 14-3976 I

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	.14	326	4,200	588
2 PHYSICIAN ASSISTANTS		1,653	2,100	
3 NURSE PRACTITIONERS	.71		2,100	1,491
4 SUBTOTAL (SUM OF LINES 1-3)	.85	1,979		2,079
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.85	1,979		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
10 DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	197,986			
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	197,986			
13 RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14 TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)				
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	432,583			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	432,583			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	432,583			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	432,583			
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	630,569			
	GREATER OF COL. 2 OR COL. 4 5			
POSITIONS				
1 PHYSICIANS				
2 PHYSICIAN ASSISTANTS				
3 NURSE PRACTITIONERS				
4 SUBTOTAL (SUM OF LINES 1-3)	2,079			
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2,079			
9 PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

I PROVIDER NO:	I PERIOD:	I PREPARED 6/ 1/2009
I 14-0186	I FROM 1/ 1/2008	I WORKSHEET M-3
I COMPONENT NO:	I TO 12/31/2008	I
I 14-3976	I	I

TITLE XVIII

RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	630,569
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	630,569
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	2,079
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	2,079
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	303.30

CALCULATION OF LIMIT (1)

PRIOR TO	ON OR AFTER
JANUARY 1	JANUARY 1
1	2

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	74.29
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	74.29
10	CALCULATION OF SETTLEMENT	
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	234
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	17,384
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	17,384
16.01	PRIMARY PAYER AMOUNT	1,346
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	16,038
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	12,830
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	12,830
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	12,830
25	INTERIM PAYMENTS	13,054
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	-224
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

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ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR
SERVICES RENDERED TO PROGRAM BENEFICIARIES
[X] RHC [] FQHC

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2009
I 14-0186 I FROM 1/ 1/2008 I WORKSHEET M-5
I COMPONENT NO: I TO 12/31/2008 I
I 14-3976 I I

RHC 1

DESCRIPTION

P A R T B
MM/DD/YYYY AMOUNT
1 2
13,054
NONE

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,
EITHER SUBMITTED OR TO BE SUBMITTED TO THE
INTERMEDIARY, FOR SERVICES RENDERED IN THE COST
REPORTING PERIOD. IF NONE, WRITE "NONE" OR
ENTER A ZERO.
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE
OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A
ZERO. (1)
ADJUSTMENTS TO PROVIDER .01
ADJUSTMENTS TO PROVIDER .02
ADJUSTMENTS TO PROVIDER .03
ADJUSTMENTS TO PROVIDER .04
ADJUSTMENTS TO PROVIDER .05
ADJUSTMENTS TO PROGRAM .50
ADJUSTMENTS TO PROGRAM .51
ADJUSTMENTS TO PROGRAM .52
ADJUSTMENTS TO PROGRAM .53
ADJUSTMENTS TO PROGRAM .54
SUBTOTAL .99

NONE
13,054

4 TOTAL INTERIM PAYMENTS

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)
TENTATIVE TO PROVIDER .01
TENTATIVE TO PROVIDER .02
TENTATIVE TO PROVIDER .03
TENTATIVE TO PROGRAM .50
TENTATIVE TO PROGRAM .51
TENTATIVE TO PROGRAM .52
SUBTOTAL .99
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02
BASED ON COST REPORT (1)
7 TOTAL MEDICARE PROGRAM LIABILITY

NONE
224
12,830

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER
AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

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